

LAWPRO PROFESSIONAL LIABILITY INSURANCE PREMIUM PAYMENT AUTHORIZATION FORM



Do not complete this form if paying by credit card

For your credit card security, LAWPRO is unable to accept credit card information verbally or in written form. We would ask that you log into your My LAWPRO account at lawpro.ca to enter your credit card details for your insurance premium.

Pre-authorized Financial Institution Account Withdrawals

Please note that if changes are to be made to the payment information or instalment payment option currently on file, LAWPRO must be advised in writing of such changes at least ten (10) days prior to any payment date. If written notice is not received at least ten (10) days prior, premium payments will be processed using the payment information currently on file.

1. Type of Premiums

Indicate the type of premiums applicable to the APPLICANT(S) (LAWYER[S], PARALEGAL PARTNER[S] OR SHAREHOLDER[S] and/or LAW FIRM) named below to which this payment authorization form is to apply. Choose all that apply.

- (“PL”) **Professional Liability** insurance premiums payable by LAWYERS under the Law Society of Ontario program, including: the base premium; any Innocent Party Sublimit Buy-Up; Real Estate Practice Coverage Option premium; Claims History Levy Surcharge premium; but **excluding** any transaction levy surcharges and Excess Insurance Coverage premium; and increased Run-Off Coverage premium.
- (“EL”) **Excess Liability** insurance premiums payable for this optional insurance coverage for the LAW FIRM.
- (“IROP”) **Increased Run-Off Protection** insurance premiums payable for this optional insurance coverage for the LAWYER.
- (“TL”) **Transaction Levies** – the real estate and civil litigation transaction levy surcharge component of the professional liability insurance premium.

2. Instalment Plan

Choose one instalment plan for each type of premium payment chosen above.

PL EL TL IROP

- Annual instalment** (single payment each year)
- Quarterly** (PL & EL instalments are payable each year on the 15th day of every January, April, July, October; TL are payable each year on a quarterly basis only, on the last day of the month following each quarter, i.e. of every April, July, October and January)
- Monthly** (payable each year on the 15th of every month)
- Lump Sum** (single one-time payment for the full multi-year term of the policy)

3. Method of Payment

Pre-authorized bank account withdrawal

Name of bank/trust company/credit union or other financial institution: _____

Name of account holder “payor” (print): _____

Attach a cheque marked “void” from the account from which the funds should be withdrawn.

4. Premium Payment Authorization

In accordance with the payment method indicated in section 3 above, the payor authorizes Lawyers’ Professional Indemnity Company (LAWPRO) to withdraw from the designated account and financial institution, the insurance premiums (including applicable taxes) indicated in section 1, based on the instalment option(s) indicated in section 2. LAWPRO does not charge for this service (but the designated financial institution may). This Authorization Form shall form part of the Law Society of Ontario Program insurance application(s) and POLICY/POLICIES of the APPLICANT(S) and shall apply to the current POLICY PERIOD and shall continue to be used for any and all future (annual or part thereof) renewal or replacement policies for the coverage(s) indicated in section 1 without further authorization by the payor so long as the APPLICANT(S) so elect(s). The payor has read and understands the foregoing and the following terms and conditions:

1. The payor hereby certifies that the information provided in this Authorization Form is correct and that the APPLICANT(S) (or payor on behalf thereof) will notify LAWPRO in advance in writing (and no less than ten [10] days prior to any payment date) in the event of any changes.
2. The payor hereby certifies that the designated financial institution account is in good standing, with sufficient funds to cover the payments as they become due and that all person(s) required to sign this Authorization Form has/have signed.
3. All payments will be drawn on Canadian financial institutions only, and will be withdrawn in Canadian funds.
4. Payor and the APPLICANT(S) acknowledge that LAWPRO may use and disclose their respective personal information referenced in this Authorization Form to each other (where payor is not also the APPLICANT[S]), and to the financial institutions involved in the payment process.

Name of Payor (who may be different than the APPLICANT[S]) (print) _____

Signature _____ Date (mm/dd/yyyy) _____ / _____ / _____

Name and Law Society number of APPLICANT(S) (LAWYER[S], PARALEGAL PARTNER[S] OR SHAREHOLDER[S] or LAW FIRM) to whom this payment authorization applies.

Name	Law Society #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____