

# APPLICATION FOR CONTINUED PREMIUM EXEMPT STATUS FOR *PRO BONO* SERVICES ON BEHALF OF A NON-PROFIT ORGANIZATION(S)



Any lawyer member of the Law Society of Ontario (LSO) exempt from payment of Professional Liability Insurance premiums who performs *pro bono* services on behalf of a non-profit organization(s), and who wishes to remain exempt, must apply for a continuation of the lawyer member's eligibility for exemption using this form.

In completing this form, I confirm that:

1. I am currently exempt from the payment of Professional Liability insurance premiums under the LSO insurance program.
2. I will perform *pro bono* professional services on behalf of a non-profit organization(s), and apply for a continuation of my eligibility for an exemption from payment of Professional Liability insurance premiums.

## Non-Profit Organization Information

Name of non-profit organization \_\_\_\_\_

Address of non-profit organization \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person at non-profit organization \_\_\_\_\_ Telephone # \_\_\_\_\_

The activity of the non-profit organization is: (ie. its purpose, services provided etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have made inquiries and confirm that this organization is a non-profit organization  Yes  No

Is this non-profit organization a registered project with Pro Bono Ontario?  Yes  No

Is this non-profit organization a clinic (within the meaning of the *Legal Aid Services Act, 1998*), a student legal aid services society, or an Aboriginal legal services corporation, that is funded by Legal Aid Ontario?  Yes  No

Note: If you wish to provide professional services on behalf of more than one non-profit organization, submit by attachment additional details in writing with this application.

The *pro bono* professional services I will perform are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The timeframe for the performance of these *pro bono* services is:  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Law Society # \_\_\_\_\_

Name (print) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_