

LAWYERS' PROFESSIONAL INDEMNITY COMPANY (LAWPRO)

APPLICATION FOR MID-TERM CHANGES



LAWYER Name: _____

LSO #: _____

I. Changes to POLICY Options

a) Present DEDUCTIBLE: \$ _____ applicable to _____

Please change DEDUCTIBLE to the following:

- \$ Nil DEDUCTIBLE
- \$2,500 DEDUCTIBLE applicable to CLAIM expenses and/or indemnity payments together
- \$2,500 DEDUCTIBLE applicable to indemnity payments only*
- \$5,000 DEDUCTIBLE applicable to CLAIM expenses and/or indemnity payments together
- \$5,000 DEDUCTIBLE applicable to indemnity payments only*
- \$10,000 DEDUCTIBLE applicable to CLAIM expenses and/or indemnity payments together
- \$10,000 DEDUCTIBLE applicable to indemnity payments only*
- \$25,000 DEDUCTIBLE applicable to CLAIM expenses and/or indemnity payments together

* For further details, see Part V Definitions (I) DEDUCTIBLE(S) of the 2025-001 Insurance Policy.

(Note: Some restrictions may apply with respect to qualifications for the Nil, \$25,000 and both the \$10,000 DEDUCTIBLE options. Please visit our website at lawpro.ca or contact LAWPRO's Customer Service Department for details at 416-598-5899 or 1-800-410-1013)

b) Restricted Area of Practice (Criminal and/or Immigration Law)

Please change to:

- elect the Restricted Practice option (please read declaration on page 2 of this form)
- remove the Restricted Area of Practice option from my POLICY

c) Part-Time Practice Status

Please change to:

- elect the Part-Time practice option (please read declaration on page 2 of this form)
- remove the Part-Time Practice option from my POLICY (ie. amend my POLICY to Full-Time practice status)

d) Innocent Party Exposures – Reduce Sublimit Option:

(Note: To increase the amount of Innocent Party coverage, an Innocent Party Buy-up application form must be completed)

- reduce the Innocent Party sublimit to the \$250,000 per CLAIM/aggregate limit
- reduce the Innocent Party sublimit to the \$500,000 per CLAIM/aggregate limit

2. Date you would prefer that the requested change(s) to your POLICY be made:

_____ / _____ / _____ (mm/dd/yyyy)

(Please note that changes are not made retroactively, and that requests for increased POLICY coverage are not provided until after 60 days subsequent to receiving your signed request)

3. Reason for Requested Change(s):

(Please provide full details, attaching extra pages if required)

4. Declarations

The LAWYER hereby declares that he/she has made reasonable inquiry of his/her present/former partners, associates and employees and that, except to the extent already notified to LAWPRO as a CLAIM, he/she is not aware of any actual or alleged error(s), omission(s), negligent act(s), or unresolved dispute(s) or CIRCUMSTANCE(S) which might give rise to a CLAIM being made against him/her or against any former firm of his/hers (in connection with any PROFESSIONAL SERVICES provided by the former firm while a member there).

“CLAIM” means:

- i) a written or oral demand for money or services; or
- ii) a written or oral allegation of breach in the rendering of PROFESSIONAL SERVICES;

received by the LAWYER and resulting from a single error, omission or negligent act or RELATED ERROR(S), OMISSION(S) OR NEGLIGENT ACT(S) in the performance of PROFESSIONAL SERVICES.

If with this Request you have elected to apply for the **Restricted Area of Practice option**, you hereby undertake to restrict your law practice to the exclusive areas of Criminal and/or Immigration Law, throughout the remainder of this year. If you wish to expand your practice to other areas of law later during the year, you will advise LAWPRO of your intention in writing, prior to doing so. You acknowledge that your POLICY premium and other terms of insurance may be amended effective upon or after such change in your practice, or on the date of such like change in practice of any other lawyer with whom you practise within a LAW PARTNERSHIP.

If with this Request you have elected to apply for the **Part-Time Practice option**, you hereby declare that:

- LAWPRO has not been notified of a CLAIM under the LAWPRO liability insurance program, with a repair and/or an indemnity payment made in the last five years;
- you have, in the last fiscal year commencing in 2024, and undertake during the fiscal year commencing in 2025, to practice no more than 20 hours per week on average for each week worked, and not more than 750 hours per year of professional time in private practice (including time for undocketed work); and
- you have, in the last fiscal year commencing in 2024, and undertake during the fiscal year commencing in 2025, to have gross billings not exceeding \$100,000 per year.

If you are commencing part-time practice during the course of the year, you hereby undertake to practise law on a part-time basis only in accordance with the above-defined criteria, as pro-rated for the remainder of the year. If you wish to expand your practice to full-time status at any point later in the year, you will advise LAWPRO of your intention in writing, prior to doing so. You acknowledge that your POLICY premium and other terms of insurance may be amended effective upon or after such change in your practice. You further acknowledge that if, at any point during the year, you exceed the defined part-time criteria (or pro-rated criteria as applicable), your POLICY premium and other terms of insurance may be amended retroactively to the date the part-time practice option was first in force under the POLICY.

Signature of APPLICANT LAWYER: _____ **Date:** ____ / ____ / ____ (mm/dd/yyyy)

via mail:
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Suite 3101, P.O. Box 3
Toronto, ON M5B 2L7

or

via fax:
416-599-8341
or 1-800-286-7639

or

via email:
service@lawpro.ca