

LAWPRO PROFESSIONAL LIABILITY INSURANCE
2026 APPLICATION FORM



Please refer to the "Program Guide" (also available online at lawpro.ca) before completing this Application.
For information on a specific question, find the corresponding section and number in the "Program Guide."
Note: This Application is for lawyers' professional liability insurance, as required by the Law Society of Ontario (Law Society) of its LAWYERS. All LAWYERS must complete an application for insurance or an application for Exemption. See page 2 of the "Program Guide." The "Program Guide" is considered to be part of this Application.

A Individual LAWYER Information (For information, see pages 4 & 5 of the "Program Guide") (Record changes on reverse)
1. LAWYER Firm #: Work Tel:
Fax: Home Tel: (optional)
Email:
2. Total Number of Full Years in Private and/or Public Practice as of January 1, 2026:
3. Volume Billings: (For explanation of codes, see page 4 of the "Program Guide")
4. Hours of Professional Time (Docketed and Undocketed) Spent in Private Practice During Last Fiscal Year:
5. Primary Area of Practice: Secondary Area of Practice:
6. Name of PERSONAL LAW CORPORATION (if any):

B Firm Information (For information, see pages 6 & 7 of the "Program Guide") (Record changes on reverse)
7. Nature of Law Practice:
8. Number of PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if applicable) and LAWYERS in LAW FIRM in Ontario:
9. Number of Staff in LAW FIRM (in Ontario) Who are Not LAWYERS:
10. Total Excess Liability Insurance: Name of insurer(s):
Liability limits per CLAIM/AGGREGATE above primary LAWPRO POLICY limits (for all Excess coverage carried):

C Coverage Options (For information, see pages 7 to 12 of the "Program Guide") (Record changes on reverse)
11. Effective Date of POLICY: 12. DEDUCTIBLE Option:
13. (A) Practice Options:
Note: Complete the following Declaration only if you intend to maintain the practice options in #13.(A) without change in 2026.
Declaration
I, the undersigned LAWYER, have read and understand the criteria that apply to the specific coverage option(s) indicated above (for details see the "Program Guide"). I declare that I continue to be eligible for and undertake to conduct my practice in accordance with the criteria. With this Application I apply to maintain the indicated coverage options for 2026.
Signature Date (mm/dd/yyyy)
(B) Real Estate Practice Coverage Option
Note: LAWYERS who intend to practise REAL ESTATE LAW in Ontario in 2026 must be ELIGIBLE for, apply for, and be granted this coverage option before being able to practise REAL ESTATE LAW. For details see pages 10 & 11 of the "Program Guide."
The LAWYER is ELIGIBLE for and applies for the Real Estate Practice Coverage Option. Yes No
(C) Intellectual Property Business Coverage Option
Note: This coverage satisfies the minimum-coverage requirements as set out by the College of Patent and Trademark Agents (CPATA). Eligible lawyers must also complete the INTELLECTUAL PROPERTY BUSINESS COVERAGE APPLICATION FORM to be granted this coverage. For additional details see page 11 of the "Program Guide."
This LAWYER is ELIGIBLE for and applies for the Intellectual Property Business Coverage Option. Yes No
14. Innocent Party Coverage Sublimit Buy-Up (For information, see page 12 of the "Program Guide").

D CLAIM(S) and CIRCUMSTANCE(S) (For information, see page 12 of the "Program Guide.") Complete this section only if changing any of C - Coverage Options
15. Other than CLAIM(S) and CIRCUMSTANCE(S) of which LAWPRO has been notified under the Law Society program, is the LAWYER aware of any CLAIM(S) or CIRCUMSTANCE(S), that has (have) been or may be made against the LAWYER directly or indirectly or CIRCUMSTANCE(S) that exist(s)?
Yes No If "Yes", refer to page 12 of the "Program Guide" for information on reporting a CLAIM(S) or CIRCUMSTANCE(S).

E Premium Payment Option (For information, see pages 13 & 14 of the "Program Guide") (Record changes on reverse)
16. Payment Option:
Declaration
I, the undersigned LAWYER, elect to pay the 2026 liability insurance premium by the method of payment indicated in #16 above. I declare that the account information and authorization provided by me to LAWPRO for coverage in 2025 remains the same and shall apply for 2026 and all future policy years, as well as any outstanding premiums and other payments owing for prior policy periods, without further authorization by me, so long as I so elect. I will notify LAWPRO in writing at least ten (10) days prior to any payment date if any change is required in the payment information I have provided or the instalment option I have selected.
Signature Date (mm/dd/yyyy)
Note: If paying the insurance premium using third party payment information, see page 13 of the "Program Guide" for instructions.

F Warranty & Signature – This section must be completed by all applicants
The undersigned LAWYER warrants and acknowledges the information provided with this Application:
is true and complete, or where estimates are required, that such estimates are reasonable;
will be relied on by LAWPRO in assessing risk, in offering any terms of insurance and in issuing any policy of insurance;
will be the basis of, and form part of, any resulting insurance policy coverage; and
the information and options selected on this form (including any changes noted on the reverse side), should apply for 2026.
The LAWYER acknowledges the LAWYER's ongoing duty, through to the date of POLICY inception, to advise LAWPRO in writing of any material changes with respect to this Application.
Signature Date (mm/dd/yyyy)

Privacy: For the most recent version of the LAWPRO Personal Information Statement, visit our website at lawpro.ca/privacy or contact LAWPRO Customer Service (see below).

If you have questions in completing this Application, contact the LAWPRO Customer Service Department at 416-598-5899 or 1-800-410-1013, fax at 416-599-8341 or 1-800-286-7639 or via email to service@lawpro.ca

Return to: LAWPRO or File online at
250 Yonge Street lawpro.ca
Suite 3101, P.O. Box 3 (My LAWPRO)
Toronto, Ontario M5B 2L7
Fax: 416-599-8341
1-800-286-7639

Table with 3 columns: FOR OFFICE USE ONLY, Date, Initials. Rows include Scanned, Reviewed, Livelink, Data Entry, and D. E. Chk.

CHANGE OF INFORMATION AND OPTIONS SELECTED

A Individual LAWYER Information (For information, see pages 4 & 5 of the “Program Guide”)

1.

Name:

Position:

Law Society #:

Preferred Mailing Address (Select one):

☐ Firm

☐ Home

Firm Name:

Firm Address:

Home Address (optional):

(No. & street)

(City, province, postal code)

Home Tel (optional):

Work Tel:

Fax:

Email:

(No. & street)

(City, province, postal code)

2.

Total Number of Full Years in Private and/or Public Practice as of January 1, 2026: \_\_\_\_\_ Years

3.

Volume Billings: (Select appropriate code from page 4 of the “Program Guide”. Indicate only the code that corresponds with the range of billings.) \_\_\_\_\_

4.

Total Number of Hours of Professional Time (Best Estimate, Docketed and Undocketed) Spent in Private Practice During the Last Fiscal Year: \_\_\_\_\_ Hours

5.

Primary Area of Practice:

Secondary Area of Practice:

(For a listing of areas of practice, please see page 5 of the “Program Guide”. Indicate only the number that corresponds with the area of practice.)

6.

Name of PERSONAL LAW CORPORATION (see page 5 of the “Program Guide”) \_\_\_\_\_

B Firm Information (For information, see pages 6 & 7 of the “Program Guide”)

7.

Nature of Law Practice: (Check all that apply. For definitions, see page 6 of the “Program Guide.”)

☐ Law Corporation — Sole

☐ Sole practitioner

☐ Association

☐ Partnership — General

☐ Partnership — LLP

☐ In-house corporate counsel

☐ Law Corporation — Not Sole

☐ Multi Discipline Partnership and/or Combined Licensee Firm

☐ Employed, other

8.

Number of PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if applicable) and LAWYERS in LAW FIRM in Ontario: \_\_\_\_\_

9.

Number of Staff in LAW FIRM (in Ontario) Who are Not LAWYERS: \_\_\_\_\_

10.

Total Excess Liability Insurance (optional): Name of insurer(s): \_\_\_\_\_

Total Excess Liability limits per CLAIM/AGGREGATE above LAWPRO POLICY limits (for all Excess coverage carried): \$ \_\_\_\_\_ per CLAIM/\$ \_\_\_\_\_ AGGREGATE

C Coverage Options (For information, see pages 7 to 12 of the “Program Guide”)

11.

Effective Date of POLICY January 1, 2026.

12.

DEDUCTIBLE Option

(Select one only. Some restrictions apply. All LAWYERS practising in a LAW PARTNERSHIP or LAW CORPORATION must elect the same DEDUCTIBLE option. For details see pages 8 & 9 of the “Program Guide.”)

	Applicable to CLAIM expenses and/or indemnity payments together <sup>†</sup>	Applicable to indemnity payments only*
<input type="checkbox"/> \$Nil deductible	<div><input type="checkbox"/> \$2,500 deductible</div> <div><input type="checkbox"/> \$10,000 deductible</div>	<div><input type="checkbox"/> \$2,500 deductible</div> <div><input type="checkbox"/> \$5,000 deductible</div> <div><input type="checkbox"/> \$10,000 deductible</div>
<input type="checkbox"/> Standard \$5,000 deductible	<div><input type="checkbox"/> \$25,000 deductible</div>	

13.

(A) Practice Options

• Restricted Area of Practice Option: Criminal and/or Immigration Law (For details please see pages 9 & 10 of the “Program Guide”)

The LAWYER is eligible for and applies for the Restricted Area of Practice Option. ☐ Yes ☐ No

• Part-Time Practice Option (For eligibility criteria please see page 10 of the “Program Guide.”)

The LAWYER is eligible for and applies for the Part-Time Practice Option. ☐ Yes ☐ No

Declaration (where indicated as “Yes” above)

I, the undersigned LAWYER, have read and understand the criteria that apply to the specific practice option(s) indicated above, as explained on pages 9 & 10 of the “Program Guide.” I declare that I qualify and undertake to conduct my practice in accordance with the criteria that apply to the option(s). I will advise LAWPRO in writing of any change in my practice that affects my eligibility for the practice option(s) selected above. I acknowledge that my POLICY premium and other terms of insurance may be amended effective before or after the date of such change in my practice.

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(B) Real Estate Practice Coverage Option:

The LAWYER is ELIGIBLE for and applies for the Real Estate Practice Coverage Option. ☐ Yes ☐ No

(C) Intellectual Property Business Coverage Option

Note: This coverage satisfies the minimum-coverage requirements as set out by the College of Patent and Trademark Agents (CPATA). ELIGIBLE LAWYERS must also complete the INTELLECTUAL PROPERTY BUSINESS COVERAGE APPLICATION FORM to be granted this coverage. For additional details see page II of the "Program Guide"

This LAWYER is ELIGIBLE for and applies for the Intellectual Property Business Coverage Option. ☐ Yes ☐ No

14.

Innocent Party Sublimit Buy-Up (For details please see page 12 of the “Program Guide”)

To reduce or change your Innocent Party Sublimit Buy-Up Coverage, please contact the LAWPRO Customer Service Department at 416-598-5899 or 1-800-410-1013. To increase Innocent Party Sublimit protection limits, complete an Innocent Party Sublimit Buy-Up Application available at lawpro.ca.

D CLAIM(S) and CIRCUMSTANCE(S) (For information, see page 12 of the “Program Guide.”)

E Premium Payment Option (For information, see pages 13 & 14 of the “Program Guide”)

15.

Third Party Payor Authorization

The LAWYER’S 2026 insurance premium will be paid by a third party, other than another LAWYER or PARALEGAL PARTNER OR SHAREHOLDER in the LAW FIRM, the LAW FIRM itself, or a management or other company of the LAW FIRM: ☐ Yes ☐ No

If the LAWYER’S 2026 insurance premium will be paid by a third party as described above, the LAWYER agrees to obtain the consent of the third party authorizing the transaction and providing for the use and disclosure of personal information in accordance with privacy legislation that came into effect on January 1, 2004.

16.

Payment Option (Select one only)

Lump sum by ☐ cheque, dated and received by February 5, 2026

Monthly instalments by ☐ pre-authorized bank account withdrawal (complete #18 below)

☐ pre-authorized bank account withdrawal — entire payment will be processed in full on January 15, 2026

☐ credit card (see #17 below)

☐ credit card — entire payment will be processed in full on January 15, 2026

17.

Paying by Credit Card:

For your credit card security, LAWPRO is unable to accept credit card information verbally or in written form. Please log into your My LAWPRO account at lawpro.ca to enter your credit card details for your POLICY premium.

18.

Pre-authorized Bank Account Withdrawal

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

Name of account holder “Payor” (please print): \_\_\_\_\_

Attach an unsigned cheque from the account to be debited. Do not sign the cheque but mark void across the face of the cheque.

Attach voided cheque

Premium Payment Authorization (complete only if paying by pre-authorized bank account withdrawal)

The undersigned LAWYER authorizes LAWPRO to withdraw from the account and financial institution indicated on the cheque attached, the appropriate insurance premium (including taxes), based on the payment option indicated above. The undersigned LAWYER understands that LAWPRO does not charge for this service (but the designated financial institution may). The undersigned LAWYER agrees that this authorization will apply for 2026 and all future policy years, as well as any outstanding premiums and other payments owing for prior policy periods, without further authorization, so long as the LAWYER so elects. If any changes are to be made to the payment information or installment payment option, the LAWYER agrees to notify LAWPRO of such changes, in writing, at least ten (10) days prior to any payment date. The undersigned acknowledges that when a monthly instalment plan is selected and an instalment does not clear their financial institution, and that instalment is still not paid by the time the next monthly instalment is scheduled, that instalment may be debited/charged along with the then current instalment payment. If three consecutive instalment dates pass without a successful debit/charge, LAWPRO may cancel further debit/charge attempts and the full balance outstanding will be immediately payable.

The undersigned LAWYER has read and understands all of the terms and conditions listed below.

Terms and conditions

1. The undersigned LAWYER certifies that the information provided in the authorization is correct.

2. The undersigned LAWYER certifies that the bank account is in good standing, with sufficient funds to cover the payments as they become due.

3. All payments will be drawn on Canadian financial institutions only, and will be withdrawn in Canadian funds.

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Note: Certain words have been capitalized to indicate that they have a specific meaning, as defined in the LAWPRO POLICY available at lawpro.ca

\* Does not apply to investigation, REPAIR, LOSS PREVENTION, and defence costs

<sup>†</sup> CLAIM expenses include costs of investigation, costs of REPAIRS and/or costs of LOSS PREVENTION

AI/2026