

LAWPRO PROFESSIONAL LIABILITY INSURANCE

INNOCENT PARTY SUBLIMIT BUY-UP APPLICATION

- This Application is to increase the amount of Innocent Party sublimit coverage provided to the APPLICANT (LAWYER[S], PARALEGAL PARTNER[S] OR SHAREHOLDER[S]) under the Law Society of Ontario (Law Society) program. Throughout this Application, certain words have been capitalized to indicate that they have a specific meaning. These meanings are as defined in the Application Form, or as found in the LAWPRO POLICY.
- Your completed Application Form should be received by the Lawyers' Professional Indemnity Company (LAWPRO) at least **60 days prior** to the preferred effective date for this Innocent Party Sublimit Buy-Up coverage. Completion of this Application does not obligate LAWPRO to provide the requested sublimit coverage.
- The sublimit amounts to which this Application applies are inclusive of DAMAGES, including interest and covered CLAIM(S) costs and expenses.[†] Accordingly, the amount of insurance available under the POLICY for the payment of DAMAGES is reduced by the amount of any covered CLAIM(S) costs and expenses as they are incurred.
- The sublimit is included within the general POLICY limits. Accordingly payments made in respect of this coverage reduce the remaining protection available to the APPLICANT under both the innocent party sublimit and the overall POLICY limits. As well, other payments made under the POLICY will reduce the remaining protection available under the POLICY, potentially reducing the protection available under this sublimit as well.
- LAWYERS acting as LOCUM are required to carry at least the same amount of Innocent Party protection as is carried by the LAWYER(S) and PARALEGAL PARTNER(S) OR SHAREHOLDER(S) in the contracting firm that has hired them. It is strongly recommended that LAWYERS acting as LOCUM as well as LAWYERS in the contracting firm purchase the full amount of Innocent Party coverage available.

You can complete this Application online at lawpro.ca (click on My LAWPRO to sign in to the secure section of our website) or return this completed Application to:

LAWPRO

250 Yonge Street
Suite 310I, P.O. Box 3
Toronto, Ontario M5B 2L7

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

email: service@lawpro.ca

A. APPLICANT(S) Information

APPLICANT(S):*

1. Please indicate the following:

- (i) If this Application is being completed on behalf of only one APPLICANT, please complete the following section:

☐ n/a

APPLICANT name _____ Law Society # _____

a) Residential address of APPLICANT:

No. _____ Street _____

City/town _____ Province _____ Postal Code _____

b) If resident at the above address for less than two (2) years, please indicate the APPLICANT'S previous residential address:

No. _____ Street _____

City/town _____ Province _____ Postal Code _____

or

- (ii) If this Application is being completed on behalf of all PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any) and LAWYERS in the LAW FIRM, please complete the following section: ☐ n/a

Name of the LAW FIRM of the APPLICANT(S) _____ LAWPRO Firm # _____

2. Does/do the APPLICANT(S) share office space, reception facilities or services, or letterhead with any other LAWYER, group of LAWYERS or LAW FIRM?

☐ Yes ☐ No

If yes, indicate by attachment with whom and details of the shared arrangement.

* If this Application is being completed on behalf of all PARALEGAL PARTNER(S) OR SHAREHOLDER(S) and LAWYERS in your LAW FIRM, the term APPLICANT or APPLICANTS shall mean each one and all PARALEGAL PARTNER(S) OR SHAREHOLDER(S) and LAWYERS of the LAW FIRM, and the term APPLICANT shall mean the LAWYER or PARALEGAL PARTNER(S) OR SHAREHOLDER(S) of the LAW FIRM authorized to complete this Application and sign the **Authorization, Warranty & Signature** in Section 1 on behalf of each one and all of the APPLICANTS.

[†] CLAIM expenses include costs of investigation, costs of REPAIRS and/or costs of LOSS PREVENTION

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B. Business Affiliates

3. List all businesses, other than a law practice or LAW FIRM, with whom the APPLICANT(S) or the LAW FIRM is/are associated or affiliated which offer legal-related or any other services to the public, indicating the name and address of the business, the nature and years of association, and the services provided to the public:

C. Related Law Practices and LAW FIRMS

4. Beyond that stated in question 2, is/are the APPLICANT(S) or any member of the LAW FIRM associated with any other law practice or LAW FIRM, or does the LAW FIRM have or control any law office located inside or outside of Ontario?

☐ Yes ☐ No

If yes, indicate by attachment, the name of the LAWYER(S) or LAW FIRM(S), and the nature of the association, together with a copy of their current letterhead.

D. Outside Interests

5. During the last 5 years, has/have the APPLICANT(S) or any current PARALEGAL PARTNER(S) OR SHAREHOLDER(S) or LAWYER member of the LAW FIRM provided PROFESSIONAL SERVICES to clients while the APPLICANT(S) or any other PARALEGAL PARTNER(S) OR SHAREHOLDER(S) or LAWYER member of the LAW FIRM:

- Served as an officer, director, trustee, employee or partner of the client? ☐ Yes ☐ No
- Owned an equity or financial interest in the client? ☐ Yes ☐ No

If "Yes" in either case, provide details by attachment, including the name of the client, the nature of the PROFESSIONAL SERVICES provided, and the position held or interest in the client.

E. Reason for Request

6. Indicate specific reasons for which this increased Innocent Party sublimit coverage is requested:

F. Financial

7. Does/do the APPLICANT(S), any PARALEGAL PARTNER(S) OR SHAREHOLDER(S) or LAWYER member of the LAW FIRM, or the LAW FIRM, have or maintain any mixed trust account(s) pursuant to section 57 of the *Law Society Act*, R.S.O. 1990, c L.8, or any separate accounts held in the name of the APPLICANT(S), any PARALEGAL PARTNER(S) OR SHAREHOLDER(S) or LAWYER member of the LAW FIRM, or the LAW FIRM, designated as trust accounts for individual clients?

☐ Yes ☐ No If "Yes":

- (i) List each individual directly charged with maintaining and updating the related trust account books of original entry, clients' trust ledgers, bank statements and pass books, cashed cheques and detailed deposit slips, fees book or chronological file of copies of billings, as well as records of transfers of money between clients' trust ledger accounts, records of monthly trust comparisons and records of all negotiable or other valuable property, other than money, held in trust:

Name	Title	Employer	Employment date (mm/dd/yyyy)
<hr/>	<hr/>	<hr/>	<hr/> /____/____
<hr/>	<hr/>	<hr/>	<hr/> /____/____
<hr/>	<hr/>	<hr/>	<hr/> /____/____
<hr/>	<hr/>	<hr/>	<hr/> /____/____

(ii) Are two signatories required on each trust account and LAW FIRM account cheque? ☐ Yes ☐ No

(iii) Name each individual who may act as signatory on trust account or LAW FIRM account cheques:

Name	Title	Employer	Employment date (mm/dd/yyyy)
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

(iv) What was the combined trust account balance as at September 30 last? \$ _____

(v) What was the greatest combined trust account balance during the last fiscal year of the LAW FIRM? \$ _____

(vi) What was the total of all trust account deposits made during the last fiscal year of the LAW FIRM? \$ _____

8. Has/have the APPLICANT(S), or any individual listed in question 7(i) or 7(iii), ever made an assignment into bankruptcy or a consumer proposal under the *Bankruptcy and Insolvency Act*, R.S.C. 1985, c.B-3, or comparable legislation, during the last ten years?

☐ Yes ☐ No

If "Yes", indicate by attachment the name of the individuals(s), the date of bankruptcy, the bankruptcy status, the date of discharge from bankruptcy (if applicable), and the name, address and telephone number of the Trustee in Bankruptcy/Trustee under Proposal.

NOTE: To process your application, LAWPRO may ask you to provide a copy of the financial statements of the LAW FIRM for its last fiscal year.

G. CLAIM(S) and CIRCUMSTANCE(S)

9. Is/are the APPLICANT(S) aware of any CLAIM(S) and/or CIRCUMSTANCE(S) against the APPLICANT(S), or against any individual (LAWYER, PARALEGAL PARTNER[S] OR SHAREHOLDER[S] or otherwise) with whom the APPLICANT(S) is/are currently practising or has/have in the past practised or been associated in practice, of which LAWPRO has not been provided notice as such under the Law Society program or for which a grant application has not as yet been received by the Law Society under the Law Society Compensation Fund?

☐ Yes ☐ No

If "Yes", attach full details of each such CLAIM or CIRCUMSTANCE

For the purposes of this Application:

CLAIM(S) means:

- a written or oral demand for money or services; or
- a written or oral allegation of breach in the rendering or failure to render PROFESSIONAL SERVICES; or
- a written or oral allegation of any DISHONEST, fraudulent, criminal, or malicious act(s) or omission(s) in the rendering or failure to render PROFESSIONAL SERVICES;

received by the INSURED 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, and shall include CIRCUMSTANCE(S).

CIRCUMSTANCE(S) means any circumstances of an alleged, actual, or possible error, omission, or negligent act of which the INSURED becomes aware, which from the perspective of a reasonable LAWYER or LAW FIRM could potentially give rise to a CLAIM hereunder).

10. Is/are the APPLICANT(S) aware of any CLAIM(S) and/or CIRCUMSTANCE(S) against the APPLICANT(S), or against any individual (LAWYER, PARALEGAL PARTNER[S] OR SHAREHOLDER[S] or otherwise) with whom the APPLICANT(S) is/are currently practising or has/have in the past practised or been associated in practice, which has been reported as such to any excess insurer?

☐ Yes ☐ No

If "Yes", attach full details of each such CLAIM or CIRCUMSTANCE

H. Requested Sublimit Coverage

11. Indicate the preferred inception date of this requested increased sublimit coverage ____/____/____ (mm/dd/yyyy)

12. Indicate the desired amount of increased sublimit coverage (select one only):

- ☐ \$500,000 per CLAIM and in the AGGREGATE
☐ \$1,000,000 per CLAIM and in the AGGREGATE

NOTE:

All PARALEGAL PARTNER(S) OR SHAREHOLDER(S) (if any) and LAWYERS practising in a LAW PARTNERSHIP or LAW CORPORATION must apply for the same amount of increased sublimit coverage.

I. Authorization, Warranty & Signature

The APPLICANT(S) hereby authorize(s) LAWPRO to obtain or exchange any personal information with any personal information agent towards establishing or verifying the financial standing of (each of) the APPLICANT(S) and individual(s) who may act as signatory on any trust account or LAW FIRM account cheques, and instructs and authorizes the Law Society and any other law society to allow LAWPRO full access to any records which relate to the APPLICANT(S) within their control or possession.

The APPLICANT(S) hereby authorize(s) LAWPRO, upon reasonable notice, to attend the offices of the LAW FIRM and the APPLICANT(S) and review, examine and audit all aspects of the APPLICANT(S)'S practice, books and records, as they may relate to any resulting or modified POLICY from the date of this Application until the expiry of any such POLICY of insurance and final resolution of any and all CLAIM(S) reported thereunder.

The APPLICANT(S) warrant(s) and acknowledge(s) that the information provided with this Application, including all attachments, and replies to inquiries of LAWPRO:

- is/are true, accurate and complete, or where estimates are required, that such estimates are reasonable;
- will, in addition to information in LAWPRO's possession now or in the future, be used and relied on by LAWPRO in assessing the risk, in offering any terms of insurance, and in issuing any policy of insurance; and
- will be the basis of and form part of any resulting POLICY.

The APPLICANT(S) acknowledge(s):

- a) having read the **LAWPRO Personal Information Statement for Ontario LAWYERS and PARALEGALS (LICENSEES)** (which forms part of this Application). The APPLICANTS consent(s) to the collection, use and disclosure of personal information, in accordance with that Statement;
- b) that for underwriting purposes, LAWPRO is hereby authorized to collect APPLICANT(S) status history from the Law Society and any other law society of a province in which the APPLICANT(S) practises or has practised; and
- c) the APPLICANT(S) ongoing duty, through to the date of inception of the increased Innocent Party Sublimit insurance coverage, to advise LAWPRO of any material changes with respect to this Application in writing.

The APPLICANT(S) further acknowledge(s) that LAWPRO may collect and use personal information in connection with this Application (and any Innocent Party Sublimit Buy-Up coverage that is ultimately issued) from public sources external to LAWPRO (e.g. discipline history), and consents to such collection and use provided that it is relevant in LAWPRO's view to the assessment of risk with respect to this Application.

APPLICANT (who, if signing on behalf of the APPLICANT[S], warrants that the APPLICANT(S) is authorized to act as agent for each of them):

Signature _____ Law Society # _____

Name (print) _____ Date (mm/dd/yyyy) ____/____/____

For more information

For a copy of our *Insurance Matters* booklet detailing Innocent Party Coverage, visit the **Your Policy** section of the LAWPRO website at lawpro.ca/your-policy/download-a-form or contact the LAWPRO Customer Service Department at 416-598-5899 or 1-800-410-1013, or email service@lawpro.ca