

LAWPRO Professional Liability Insurance Application to Increase Run-Off Coverage

- No Application is required for standard Run-Off Coverage insurance.
- Complete this Application only if:
 - (1) you are applying to increase your Run-Off Coverage limits above the \$250,000 per CLAIM and in the AGGREGATE amount, which is automatically provided free of charge to all LAWYERS withdrawn from private practice, as provided to the Law Society of Ontario (Law Society) LAWYERS claiming exemption under the Law Society program for reasons other than mobility or temporary leave of absence; and/or
 - (2) you wish your Run-Off Coverage limits to also apply to certain services yet to be provided by you in your capacity as an estate trustee, a trustee for an *inter vivos* trust, or an attorney for property, as residual work from your former law practice.
- Upon our receipt of your completed Application form, you will be provided with a written premium estimate for the coverage you have requested. You will have 30 days following the date of the premium estimate to accept the estimate in writing. Any resulting Increased Run-off protection will be subject to a 60-day wait period following LAWPRO's receipt of your application. Therefore, applicants should apply at least 60 days before the coverage is to be in place, to ensure there is no gap in coverage and the requested coverage limits are in effect. If your written confirmation is not received within the 30 day period, the estimate will no longer be considered valid and your application will be retired.
- Throughout this Application, certain words have been capitalized to indicate they have a specific meaning as defined in the LAWPRO POLICY.

Return the completed Application to:

LAWPRO fax: 416-599-8341 email: service@lawpro.ca 250 Yonge Street l-800-286-7639

250 Yonge Street Suite 3101, P.O. Box 3 Toronto, Ontario M5B 2L7

- You can complete this Application online through the My LAWPRO section of the LAWPRO website at lawpro.ca
- Upon nearing the expiry date of a period of Increased Run-off Coverage, LAWPRO will automatically forward a notice of reminder, along with a premium estimate of
 a renewed term of increased coverage and a renewal application for your consideration. You will be invited to complete the renewal application at that time for a new
 period of this optional coverage. (Please note that the first \$250,000 of Run-Off Coverage, as provided free of charge to all LAWYERS withdrawn from private practice,
 is not reinstated on the renewal of any Coverage Limit Buy-Up if the \$250,000 base limit has already been depleted prior to renewal.)
- Please submit all pages I to 8, regardless of your selections.

For more information

For a copy of our Insurance Matters booklet titled, Insurance matters: Retired lawyers, estate trustees, judges, in-house counsel, government lawyers and others no longer in private practice, visit the LAWPRO website at lawpro.ca or contact the LAWPRO Customer Service Department at 416-598-5899 or I-800-410-1013, or email service@lawpro.ca

	APPLICANT Infor	mation			
I.	Name of present LAWYER/former LAWYER ("APPLICANT")				
	Law Society #				
2.	Address for future LAW	PRO correspondence			
	No Street _				
	City/Town	Province	Postal Code		
	c/o (if applicable)				
	Telephone #	Fax #	Email		
4.	(APPLICANTS who have v	• •	the last 10 years, whether in private and/or public pr I refer to the last 10 years prior to withdrawing from pr Position		
5.	How many years did the	e APPLICANT practise law in Ontario	whether in private and/or public practice?	years	
W	here exact information is	not available in questions 6 and 7,	please provide your best approximation		
6.	During the last ten (10) years of p	rivate practice, what percentage of the APPLICANT'	practice, on the basis of total gross billings, related to the practice of real es	state law?	
	(Please include a proportionate	share of legal-related billings by non-lawyers, if a	pplicable): %		
7 .	During the last ten (10) years of	private practice, what percentage of the APPLICAN	'S practice, on the basis of total gross billings, related to the practice of crir		
				ninal law?	



Option Selection

Please indicate the options that the applicant wishes to apply for by marking the appropriate selection with an "X".

FI	ease maicate the options th	at the applicant wishes to apply p	or by marking the appropriate selection with all X.	
8.	Option I: Coverage Limit I	Buy-Up		
	only if applying for Increased Run-O	Off Coverage limit protection, or Increased Rui	standard Run-Off Coverage is provided at no charge). Choose one of the n-Off protection for services yet to be performed as an estate trustee, a trust law practice in Ontario — details must be provided in Question 12.	ustee for an
		an inter vivos trust, or an attorno	ATE, with increased protection for residual work as an ey for property (do not select this option if Question l	
	Limit Buy-Up to \$500,0 the AGGREGATE • standard \$5,000 DEDUCTI	000 per CLAIM/\$500,000 in BLE applies	 Limit Buy-Up to \$1 million per CLAIM/\$2 mill the AGGREGATE standard \$5,000 DEDUCTIBLE applies 	ion in
9.	Option 2: Coverage Term			
	Select one only (Note: one-year t	term is not available.)		
	5-year term	3-year term		
	4-year term	2-year term		
10.	. Option 3: Innocent Partne	r Exposure – Limit Buy-Up		
	 Innocent Partner prote 	· · · · · · · · · · · · · · · · · · ·	CLAIM and in the AGGREGATE standard Run-Off Coverage provided at no es yet to be provided by you in your capacity as an estate trustee, a truste your former law practice.	•
	Choose one of the following only if t	he APPLICANT is also applying for additional l	nnocent Partner protection as part of the Increased Run-Off Coverage limi	t protection
	Innocent Partner Limit Buy-Up CLAIM/\$500,000 AGGREGATE	to \$500,000 per	Innocent Partner Limit Buy-Up to \$1 million per CLAIM/\$1 million AGGREGATE	

II.	Option 4: Protection for Residual Work as Estate Trustee, Trustee for Inter Vivos Trust, or Attorney for Property					
	The APPLICANT requests the increased coverage of this policy, to the limit selected in Option 1 on page 3, to apply to certain PROFESSIONAL SERVICES yet to be performed as an estate trustee, a trustee for an <i>inter vivos</i> trust, or an attorney for property, as residual work from the APPLICANT'S former practice.					
	Yes (please provide details in the space provided on page 5 and 6)					
	\blacksquare No (proceed to question #I2 — CLAIM(S) and CIRCUMSTANCE(S))					
	Note: • This protection is offered to LAWYERS who qualify for retirement or are changing to a non-practising status, and who are named or acting in the capacity of an estate trustee, a trustee for an inter vivos trust, or an attorney for property, as residual work from the LAWYER'S former law practice.					
	• You must be claiming Exemption (h) under the Law Society of Ontario's (Law Society) insurance program to request this protection. Please refer to the Rules for Exemption Eligibility for complete details.					
	• No protection is provided in respect of trusteeships, estates, or powers of attorney, of family members of the LAWYER. For this purpose, members of the LAWYER'S own family means "related persons" as defined under section 251(2) of the <i>Income Tax Act</i> (Canada).					
	 No protection is provided in respect of any dishonest, fraudulent, criminal or malicious act or omission of the LAWYER. 					
	In the space below, provide full details as itemized, of the services for which you are seeking protection. Additional details may be provided by way of separate attachment.					
	With respect to your appointment(s) as Power of Attorney:					
	Name of client					
	Approximately when this appointment was first made					
	Confirmation that the client is not a family member					
	Nature and purpose of your Power of Attorney					
	Estimated duration of your Power of Attorney work					
	With respect to your appointment(s) as Inter vivos Trustee: Name of client					



Approximately when this appointment was first made
Confirmation that the client is not a family member
Nature and purpose of the Trust
General description of what the trust property includes (with estimated total dollar value involved or expected to be involved)
Estimated duration of the Trust work
With respect to your appointment(s) as Estate Trustee:
Name of client
Approximately when this appointment was first made
Confirmation that the client is not a family member
Estimated total dollar value of the Estate
Confirmation of the date of the passing of accounts (if any)
Estimated duration of the Estate work

	, 20 p. 0	ed by way of separate attachment.
likely to rely \$2 million/AC	upon these services,	be provided by you as residual work from your former law practice, have you or will you be providing your client(s), and others with prompt written notice of changes in your insurance protection (from the standard practice coverage of \$1 million/CLAIM
If "No", expl	ain	
CLAIM	(S) and CIF	RCUMSTANCE(S)
any CLAIM(S)	or CIRCUMSTANCE(MSTANCE(S)* of which LAWPRO has been notified under the Law Society's insurance program, is the APPLICANT aware of (S) that has (have) been or may be made against the LAWYER, directly or indirectly, whether concerning the LAWYER'S own
		e of others? In responding to this question, it is understood that the APPLICANT has made reasonable inquiry of the LAWYER'S tner(s), associate(s), and employee(s).
former firm(s		
former firm(s	s), employer(s), part	tner(s), associate(s), and employee(s).
former firm(s	s), employer(s), part	tner(s), associate(s), and employee(s). If "Yes", attach full details of each such CLAIM(S) or CIRCUMSTANCE(S).
former firm(s Yes CLAIM(S)	s), employer(s), part	tner(s), associate(s), and employee(s). If "Yes", attach full details of each such CLAIM(S) or CIRCUMSTANCE(S). NCE(S) which have been reported to insurers under other Canadian law society programs should be included by attachment *CLAIM(S) and CIRCUMSTANCE(S)
former firm(s Yes CLAIM(S)	No and CIRCUMSTAN oses of this Application	tner(s), associate(s), and employee(s). If "Yes", attach full details of each such CLAIM(S) or CIRCUMSTANCE(S). NCE(S) which have been reported to insurers under other Canadian law society programs should be included by attachment *CLAIM(S) and CIRCUMSTANCE(S)
Yes Cote: CLAIM(S) For the purpo	No and CIRCUMSTAN oses of this Application ans:	tner(s), associate(s), and employee(s). If "Yes", attach full details of each such CLAIM(S) or CIRCUMSTANCE(S). NCE(S) which have been reported to insurers under other Canadian law society programs should be included by attachment *CLAIM(S) and CIRCUMSTANCE(S)
For the purpo CLAIM(S) me	No and CIRCUMSTAN oses of this Application ans:	tner(s), associate(s), and employee(s). If "Yes", attach full details of each such CLAIM(S) or CIRCUMSTANCE(S). NCE(S) which have been reported to insurers under other Canadian law society programs should be included by attachment *CLAIM(S) and CIRCUMSTANCE(S) on:
For the purpo CLAIM(S) me • a writter	No and CIRCUMSTAN oses of this Application ans: or oral demand for	tner(s), associate(s), and employee(s). If "Yes", attach full details of each such CLAIM(S) or CIRCUMSTANCE(S). NCE(S) which have been reported to insurers under other Canadian law society programs should be included by attachment *CLAIM(S) and CIRCUMSTANCE(S) on:
For the purpo CLAIM(S) me • a written • a written received by the	No and CIRCUMSTAN oses of this Application ans: or oral demand for or oral allegation of the INSURED and resu	tner(s), associate(s), and employee(s). If "Yes", attach full details of each such CLAIM(S) or CIRCUMSTANCE(S). NCE(S) which have been reported to insurers under other Canadian law society programs should be included by attachment *CLAIM(S) and CIRCUMSTANCE(S) ion: r money or services; or of breach in the rendering of PROFESSIONAL SERVICES; or



Premium Payment Option

13. Third Party Payor Authorization

If the APPLICANT'S insurance premium will be paid by a third party, other than another LAWYER or PARALEGAL PARTNER OR SHAREHOLDER in a former LAW FIRM

	third party authorizing the tran	nsaction and providing for the use and disclosu ty includes: the spouse of the APPLICANT or th	npany of the former LAW FIRM, the APPLICANT agrees ure of personal information, in accordance with privac he spouse of another LAWYER in a former LAW FIRM o	y legislation that came into effect
	Will the APPLICANT'S Increased	Run-Off Coverage premium be paid by a third	d party, as described above?	
	Yes No			
14.	Instalment Options (sele	ect one only)		
	annual instalment (meaning a single payment	each year)	lump sum (meaning a single payment for the fu	ll multi-year term of the policy)
15.	Method of Payment			
	☐ cheque	credit card (see #16 below)	pre-authorized bank account withdra	wal (complete #17 below)
16.	Paying by Credit Card:			
	•	AWPRO is unable to accept credit card informa our credit card details for your insurance prem	ation verbally or in written form. We would ask that yo nium.	ou log into your My LAWPRO
I7.	Pre-authorized Bank Ac	ccount Withdrawal (complete only if	paying premium by pre-authorized bank account w	rithdrawal)
	Name of bank/trust company/cr	redit union or other financial institution		
	Name of account holder "Payor"	" (print)		
	Attach a copy of an unsign void across the face of the	• •	bited. Do not sign the cheque but mark	Attach Voided Cheque

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

The undersigned authorizes Lawyer's Professional Indemnity Company (LAWPRO) to withdraw from the account and financial institution indicated on the account information provided, the required insurance premium in Canadian funds (including taxes). LAWPRO does not charge for this service, but the designated financial institution or credit card company may.

This authorization will apply for the POLICY PERIOD and all future policy years as well as any outstanding premiums and other payments owing for prior policy periods, unless it is changed or revoked. The lawyer agrees to notify LAWPRO in writing of any changes at least ten days prior to any payment date. For more information on the rights to cancel a pre-authorized debit authorization, contact your financial institution or visit www.payments.ca.

The bank account will be in good standing, with sufficient funds to cover the payments as they become due.

All payments will be drawn on Canadian financial institutions.

The insured consents to LAWPRO's use of their personal information and to its disclosure to the individuals/entities referenced in this authorization form and to the financial institutions involved in the payment process.

gnatureame (print)				
	Authorization, Wa			
The	e APPLICANT warrants and acknowledges that the information provided	The	APPLICANT acknowledges:	
wit	th this Application:	a) having read the LAWPRO Personal Information		
 is 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 		Statement for Ontario LAWYERS and PARALEGALS (LICENSEES) (which forms part of this Application). The APPLICAN consents to the collection, use and disclosure of personal information, accordance with that Statement;		
		b)	,	
3.	1 / 0		society of a province in which the LAWYER practises or has practised; a	
Insurance protection		c) the LAWYER'S ongoing duty, through to the date of inception of Increas Run-Off Coverage protection, to advise LAWPRO of any material chang with respect to this Application in writing.		
Sig	nature		Law Society #	
	matureme (print)			

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