

# LAWPRO® Professional Liability Insurance

## 2026 Excess Liability Insurance Application Form



Complete this Application only if your firm does not currently have Excess insurance coverage with LAWPRO.  
If you currently have an Excess POLICY with LAWPRO – your POLICY is automatically renewed each year.

- This Application is for Excess coverage on a claims-made basis.
- Throughout this Application, certain words have been capitalized to indicate they have a specific meaning, as defined in the POLICY Application, the POLICY or the booklet, *Insurance Matters: Excess Liability Insurance and Innocent Party Insurance*.

### Report CLAIM(S) to current Excess Insurer

Be sure to give notice of all CLAIM(S) and CIRCUMSTANCE(S) to your existing Excess insurer before policy expiry.

Before completing this Application, we recommend that you contact LAWPRO Customer Service at 416-598-5899 or 1-800-410-1013 to receive a free, no obligation estimate for this optional Excess coverage.

- ☐ I have received an estimate from LAWPRO and wish to proceed with this Application.
- ☐ I will contact LAWPRO for a no obligation estimate.
- ☐ I do not require an estimate, please commence the Underwriting process.

## Instructions

1. Complete only one Application on behalf of the whole of the firm.
2. Return the completed Application to: **LAWPRO, 250 Yonge Street, Suite 3101, P.O. Box 3, Toronto, Ontario, M5B 2L7, fax: 416-599-8341 or 1-800-286-7639.**

### For more information

For a copy of our Insurance Matters booklet detailing Excess insurance coverage and options to increase your professional liability insurance protection, visit the *E&O Insurance* section of the LAWPRO website at [lawpro.ca/insurance](http://lawpro.ca/insurance) or contact our Customer Service Department at 416-598-5899 or 1-800-410-1013, or email [service@lawpro.ca](mailto:service@lawpro.ca)

## A. General “applicant firm” Information

This Application is submitted on behalf of each of the applicant firm, and any former firm(s) and management companies listed in questions 1(d) and 1(e) below. This Application is also submitted on behalf of each present or former partner, employed associate, “of counsel” listed in question 2(d) on page 2, employed LAWYER, sole practitioner, LAWYER in association, director, or shareholder thereof, and their legal representatives, each in their respective capacities as such.

**Note:** Coverage under any Excess Liability Insurance POLICY issued pursuant to this Application will be provided for only PROFESSIONAL SERVICES rendered or that should have been rendered by the applicant firm or former law firm(s) listed in question 1(d) below. **No coverage shall be provided in respect of any other services. No coverage shall be provided to any other law firm(s), nor to any management company(ies) not included in question 1(e) below.**

1. (a) Name of applicant law firm (applicant firm): \_\_\_\_\_  
(b) Address of principal office of applicant firm: \_\_\_\_\_  
(c) Address of branch office(s) of applicant firm: — outside Ontario but inside Canada? \_\_\_\_\_  
— outside Canada? \_\_\_\_\_

- (d) List all former law firm(s) for which coverage is requested.

FIRM name	Address	Which years in operation	Average no. of LAWYER(S) in practice

- (e) List all management companies of the applicant firm for which coverage is requested.

Company name	Which years in operation	Services provided

- (f) **Attach a copy of each current letterhead in use for the applicant firm and any listed management companies.**

2. (a) Nature of Practice of the applicant firm: (Check all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Law Corporation — Sole     | <input type="checkbox"/> Combined Licensee Firm (CLF)                      | <input type="checkbox"/> In-House Corporate Counsel                   |
| <input type="checkbox"/> Law Corporation — Not Sole | <input type="checkbox"/> Partnership — General                             | <input type="checkbox"/> Employed Other                               |
| <input type="checkbox"/> Sole Practitioner          | <input type="checkbox"/> Partnership — Multi-Discipline Partnership (MDP)  | <input type="checkbox"/> Retired Or Otherwise Withdrawn From Practice |
| <input type="checkbox"/> Association                | <input type="checkbox"/> Partnership — Limited Liability Partnership (LLP) |   |

(b) Does the applicant firm share office space with any other LAWYER(S) or group of LAWYER(S); or reception facilities or services, or letterhead or marketing materials, etc., with any other law practice or business?

☐ No ☐ Yes If "Yes", complete the chart below with details. Attach additional information to this Application if more space is needed.

Full name of LAW FIRM/LAWYER/business	Do you share:			
	Office space	<input type="checkbox"/> No <input type="checkbox"/> Yes	Letterhead	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Reception area/Receptionist	<input type="checkbox"/> No <input type="checkbox"/> Yes	Signage	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Telephone number	<input type="checkbox"/> No <input type="checkbox"/> Yes	Promotional/Marketing Material	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Fax number	<input type="checkbox"/> No <input type="checkbox"/> Yes	Practising in Association with another Law Office	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Email Address	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Website	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other:	

(c) Indicate the total number of LAWYER(S) (including "of counsel") and non-LAWYER partners/shareholders (if applicable) in the applicant firm: \_\_\_\_\_

(d) List the full names of LAWYER(S) acting as "of counsel" for whom coverage is being sought under this POLICY.

## B. Related Law Practices and LAW FIRM(S)

3. Is the applicant firm associated with any other law practice or LAW FIRM located:

(i) in Ontario? ☐ No ☐ Yes

(ii) in Canada but outside Ontario? ☐ No ☐ Yes

(iii) outside of Canada? ☐ No ☐ Yes

If "Yes" for any of the above, attach information on the name and business address of the LAWYER(S), LAW FIRM(S) or law office(s), the number of LAWYER(S) at each firm(s) or office(s), and the nature of the association, together with a copy of their current letterhead.

**Note:** • There is no coverage available for the practice of non-Canadian Law. Coverage is available for the practice of the laws of Canada, its provinces and territories only.

- There are restrictions in coverage for PROFESSIONAL SERVICES provided outside of Canada, even though the services are in regard to the practice of the laws of Canada, its provinces and territories. For details, contact the LAWPRO Customer Service Department at 416-598-5899 or 1-800-410-1013, fax 416-599-8341 or 1-800-286-7639 or via email to service@lawpro.ca

## C. CLAIM(S) and CIRCUMSTANCE(S)

4. Have you reminded all members of your firm of the need to report all CLAIM(S) and CIRCUMSTANCE(S) to your current Excess policy insurer (if any) as well as to the Law Society program?

☐ No ☐ Yes

5. Other than CLAIM(S) and CIRCUMSTANCE(S) of which LAWPRO has been notified under the Law Society program, is any present member of the applicant firm aware of any CLAIM(S) or CIRCUMSTANCE(S), against the applicant firm or against any other, directly or indirectly, on whose behalf this Application is submitted?

☐ No ☐ Yes If "Yes", attach full details of each such CLAIM(S) or CIRCUMSTANCE(S).

**Note:** CLAIM(S) and CIRCUMSTANCE(S) which have been reported to insurers under other Canadian law society programs should be included by attachment.

For the purposes of this Application:

CLAIM(S) 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 an 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 for others.

All CLAIMS which arise from a single error, omission, or negligent act or RELATED ERROR(S), OMISSION(S), OR NEGLIGENT ACT(S) shall be deemed a single CLAIM regardless of the number of INSUREDS or the number of persons or organizations making a CLAIM or the time or times the error(s), omission(s), negligent act(s) or CLAIM(S) took place.

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

The INSURER has the right but not the duty to investigate and settle CIRCUMSTANCE(S). The investigation and settlement of CIRCUMSTANCE(S) shall be deemed the investigation and settlement of CLAIM(S):

- (i) pursuant to such insurance as is afforded by Part I, Coverages A, B and C, and for purposes of Part IV, General Conditions A, B, and C, and Endorsements No 5 through 15 where applicable; and
- (ii) for purposes of Part II, Special Provision B.(ii) for purposes of Part II, Special Provision B.The settlement of CIRCUMSTANCE(S) shall also be deemed CLAIM(S) PAID for purposes of Endorsement No. 4.

## D. Other Insurance

6. Provide details of the total Excess insurance coverage purchased by the applicant firm, or any former firm listed in question 1(d), during the last year:

Policy period (from/to) Insurance company Policy limits Name of LAW FIRM to which policy was issued

_____ to _____	_____	_____ / _____	_____
_____ to _____	_____	_____ / _____	_____
_____ to _____	_____	_____ / _____	_____

7. Does the applicant firm contemplate purchasing additional Excess coverage over and above this Excess policy from another insurer?

☐ No ☐ Yes If "Yes", attach further details.

8. Has any application for similar insurance made by the applicant firm, or any former firm listed in question 1(d), ever been declined, or has any similar insurance policy ever been cancelled, terminated or the renewal thereof refused?

☐ No ☐ Yes If "Yes", please provide full details by attachment, including the name of the insurer and why the insurance was declined, cancelled, terminated or refused.

## E. Reason for Applying

Indicate specific reason(s) for which this Excess coverage is requested.

## F. Policy Limit Coverage

9. Indicate the preferred inception date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) (Applications are subject to a 60-day wait period.)

10. Indicate the desired amount of Excess coverage: (check one only)

Limits ☐ \$1 million per CLAIM/in the aggregate ☐ \$3 million per CLAIM/in the aggregate ☐ \$9 million per CLAIM/in the aggregate  
☐ \$2 million per CLAIM/in the aggregate ☐ \$4 million per CLAIM/in the aggregate

### Note:

- These limit amounts are above the \$1 million per CLAIM/\$2 million in the aggregate underlying amount that each LAWYER who is not exempt must purchase, as required by the Law Society.
- No Excess protection will be afforded in respect of coverages provided under Endorsement No. 15 in the LAWPRO underlying policy or any sublimit coverages provided to LAWYER(S) as part of their underlying Law Society insurance.
- Coverage is provided on a firm-wide basis only, and not on an individual LAWYER basis. Accordingly, only one set of Excess policy limits would be available to respond to all claims reported by all those insured under the Excess policy.
- These Excess limit amounts are inclusive of DAMAGES, including repair costs, interest and covered CLAIM 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 costs and expenses as they are incurred.

### Warning:

**LAWPRO strongly recommends that present and former members of the applicant firm and former firm(s) listed in question 1(d), who are exempt under the the Law Society Program with only the basic \$250,000 per CLAIM and aggregate Run-Off Coverage, apply for the full increased Run-Off Coverage protection, to avoid gaps in coverage for PROFESSIONAL SERVICES provided on behalf of these firm(s).**

The applicant firm is urged to contact these members and invite them to contact the LAWPRO Customer Service Department at 416-598-5899 or 1-800-410-1013, fax 416-599-8341 or 1-800-286-7639 or via email to [service@lawpro.ca](mailto:service@lawpro.ca) for more information.

## G. Innocent Party Exposure

11. Are you interested in LAWPRO's Innocent Party Sublimit Buy-Up Coverage of \$1 million per CLAIM/in the aggregate?

☐ No ☐ Yes

### Warning:

**To minimize any gaps in coverage, LAWPRO strongly recommends that each LAWYER purchase the full Innocent Party Buy-Up protection available under the program. By checking "No", and thereby electing not to increase Innocent Party sublimits, you will have a substantial gap in coverage between your primary insurance coverage and your Excess coverage, for such CLAIM(S) arising out of DISHONEST, fraudulent, criminal or malicious acts or omissions.**

## H. Premium Payment Options. Please do not include payment with this Application form.

### 12. Third Party Payor Authorization

If the applicant firm's insurance premium will be paid by a third party, other than another LAWYER or PARALEGAL PARTNER or SHAREHOLDER in the applicant firm, the applicant firm itself, the applicant firm agrees to obtain the consent of the third party or a management or other company of the applicant firm, 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.

Will the applicant firm's Excess insurance premium be paid by a third party? ☐ No ☐ Yes

### Instructions if "Yes"

- Do not complete questions #13-16.

**Complete only question #12 and the Authorization, Warranty & Signature section.**

- Complete and return a copy of the Premium Payment Authorization (PPA) form. This form is available from our website ([lawpro.ca](http://lawpro.ca)) or from LAWPRO Customer Service at 416-598-5899 or 1-800-410-1013; email [service@lawpro.ca](mailto:service@lawpro.ca)
- The PPA form must be signed by the third party payor, and must be received by LAWPRO within five (5) business days of the date on which this Application is filed, or you will be invoiced on a lump sum – by cheque basis. A revised invoice will be provided at a later date once LAWPRO has received and processed the completed PPA form.

**13. Payment Options** (select one only)

Lump sum by ☐ cheque

☐ pre-authorized bank account withdrawal (complete #15 & 16 below)

☐ credit card

Monthly instalments by ☐ pre-authorized bank account withdrawal (complete #15 & 16 below)

☐ credit card

**14. Paying by Credit Card**

For your credit card security, LAWPRO is unable to accept credit card information verbally or in written form. We would ask that you log into your My LAWPRO account at lawpro.ca to enter your credit card details for your Excess premium. In the alternative, you can choose 'lump sum by cheque' and provide the credit card details online once the Excess policy has been issued and the invoice sent to you.

**15. Pre-Authorized Bank Account Withdrawal** (complete only if paying by pre-authorized bank account withdrawal)

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

Name of account holder "Payor" (print): \_\_\_\_\_

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

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

The undersigned, on behalf of the applicant firm, 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. It is understood that LAWPRO does not charge for this service (but the designated financial institution may). The undersigned, on behalf of the applicant firm, 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 applicant firm so elects. If any changes are to be made to the payment information or instalment payment option, the applicant firm 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 or quarterly 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 or quarterly 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 has read and understands all of the terms and conditions listed below.

- Terms and conditions
1. The undersigned certifies that the information provided in the authorization is correct.
  2. The undersigned 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 withdrawn on Canadian financial institutions only, and will be withdrawn in Canadian funds.

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

**I. Authorization, Warranty & Signature**

**Note: All applicants must complete this section**

The undersigned is authorized to act as agent for the purposes of this insurance Application, and the collection, use and disclosure of any related personal information, and the consent for such, on behalf of the applicant firm, and any other on whose behalf this Application is submitted. The undersigned will hold confidential and not disclose, except with LAWPRO's prior written consent, any LAWPRO response that is specific to the personal information of an individual on whose behalf this Application is submitted.

The applicant firm, and any other on whose behalf this Application is submitted, warrant and acknowledge that the information provided with this Application, including all attachments, and replies to inquiries of LAWPRO:

- 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 policies of insurance.

The applicant firm, and any other on whose behalf this Application is submitted, acknowledge that any misrepresentation in the Application, including all attachments and replies to inquiries of LAWPRO, may void any POLICY coverage offered, and acknowledge their individual duty, through to the date of POLICY inception, to advise LAWPRO in writing of any material changes with respect to this Application, including all attachments, and replies to inquiries of LAWPRO.

Each individual LAWYER on whose behalf this Application is filed, acknowledges having read the **LAWPRO Personal Information Statement for Ontario LAWYER(S) and PARALEGAL(S) (LICENSEES)** (which forms part of this Application form), and consents to the collection, use and disclosure of personal information in accordance with that Statement.

Each individual LAWYER on whose behalf this Application is filed, further acknowledges that LAWPRO may collect and use personal information in connection with this Application (and any Excess insurance policy 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.

Signed on behalf of the applicant firm, and others on whose behalf this Application is submitted.

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

Name (print) \_\_\_\_\_ Number of pages attached, if any: \_\_\_\_\_