

Application

The Law Society
of British Columbia



Compulsory Professional Liability Insurance for Full-time Practice

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This application is issued by the Law Society of British Columbia on behalf of the LSBC Captive Insurance Company Ltd. Complete this form fully and precisely. If the space provided for any answer is insufficient, complete your answer on a separate sheet. Sign and date the sheet and staple it to this form. **Please review eligibility requirements before completing or filing this form.**

PART A: Name and identification

1. Given Name(s)		Surname	
2. Firm name			
Street			City
Province/State	Country		Postal/ZIP code
Telephone	Fax	Email	

PART B: Insurance information

3. Effective date of insurance

PART C: Professional history and experience

4. Describe the activities you have engaged in during the past five years that you believe are relevant to the conditions stipulated in Law Society rules 2-88 to 2-90. Please also confirm "how often" you engaged in these activities (e.g., hours per week)

From (YYYY/MM)	To (YYYY/MM)	Name of employer	Brief description of employment

PART D: Practice arrangement

5. Please indicate your practice arrangement (check one)

Sole practitioner or independent contractor with no lawyer employees

Sole practitioner or independent contractor with lawyer employees

Employee of a law firm (includes associates and employee of sole practitioners)

Partner of a law firm

PART E: Declaration of applicant

<hr/> Date	<hr/> Signature of applicant
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The information in this form is collected under Law Society Rule 3-45. The information provided will be used to process your application for compulsory professional liability insurance. If you have any questions about the collection and use of this information, contact a Member Services Representative at the Law Society of British Columbia.