

PART D: Practice arrangement

5. Please indicate your practice arrangement (check one)

Sole practitioner with: lawyer employees; or no lawyer employees.

Law corporation with: lawyer employees; or no lawyer employees.

Employee or associate of a: law firm; sole practitioner; or law corporation.

Partner of a law firm.

Employee of one of the following and are opting to pay the indemnity fee:

- a federal, provincial, territorial or municipal government department or a Crown corporation;
- a society or association;
- a partnership or corporation, other than a law firm;
- a trade union; or
- a regulatory body.

PART E: Signature of applicant

Date

Signature of applicant

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 indemnification coverage. If you have any questions about the collection and use of this information, contact the Member Services Department at the Law Society of British Columbia.