

Application

Compulsory Professional Liability Indemnification for Full-time Practice

This application is issued by the Law Society of British Columbia on behalf of the BC Lawyers Indemnity Association. 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 the eligibility requirements before completing or filing this form.**

PART A: Name and address			
1. Given Name(s)		Surname	
2. Address			
Full Legal Name of Company or Firm			
Street			City
Province/State	Country		Postal/ZIP code
Telephone	Fax	Email	
PART B: Indemnification information			
3. Effective date of indemnity coverage (MMM/DD/YYYY)			
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 (MMM/YYYY)	To (MMM/YYYY)	Name of employer	Brief description of employment

(continued on next page)

PART D: Practice arrangement

5. Please indicate which of the following classifications describe(s) your practice in its entirety. Please check more than one if applicable.

- ☐ A sole proprietorship
- ☐ A law firm as an employee, partner, or contractor
- ☐ A law firm or sole proprietorship where you act in private practice through a law corporation incorporated under the Business Corporations Act that is governed by, and a valid certificate of authorization has been issued under, the Legal Profession Act
- ☐ A [multi-disciplinary practice](#)
- ☐ Not in private practice and practising exclusively as an in-house counsel as an employee or on a secondment at or with one of the following and opting to pay the indemnity fee:
 - ☐ federal, provincial, territorial or municipal government department or a Crown corporation;
 - ☐ a private company, a partnership or corporation, other than a law firm;
 - ☐ a society or association;
 - ☐ a trade union; or
 - ☐ a regulatory body.
- ☐ Not in private practice and practising exclusively as a contractor at or with one of the following and opting to pay the indemnity fee:
 - ☐ federal, provincial, territorial or municipal government department or a Crown corporation;
 - ☐ a private company, a partnership or corporation, other than a law firm;
 - ☐ a society or association;
 - ☐ a trade union; or
 - ☐ a regulatory body.

PART E: Signature of applicant

Date

Signature of applicant

The information in this form is collected in accordance with Law Society Rule 3-45 and section 26(c) of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165. The information 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 Registration & Licensee Services registration@lsbc.org.