

Application

Exemption from Compulsory Professional Liability Indemnification

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 this form.**

PART A: Name and identification			
1. Given name(s)		Surname	
2. Address			
Full Legal Name of Company or Firm, if any			
Street		City	
Province	Country		Postal code
Telephone	Fax	Email	
PART B: Indemnification exemption information			
3. Effective date of exemption (MMM/DD/YYYY)			
PART C: Practice arrangement			
4. Please indicate which of the following classifications describe(s) your practice in its entirety. Please check more than one if applicable.			
<input type="checkbox"/> 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: <ul style="list-style-type: none"><input type="checkbox"/> a federal, provincial, territorial or municipal government department or a Crown corporation;<input type="checkbox"/> a private company, partnership or corporation, other than a law firm;<input type="checkbox"/> a society or association;<input type="checkbox"/> a trade union; or<input type="checkbox"/> a regulatory body.			
<input type="checkbox"/> Not in private practice and practising exclusively as a contractor at or with one of the following: <ul style="list-style-type: none"><input type="checkbox"/> a federal, provincial, territorial or municipal government department or a Crown corporation;<input type="checkbox"/> a private company, partnership or corporation, other than a law firm;<input type="checkbox"/> a society or association;<input type="checkbox"/> a trade union; or<input type="checkbox"/> a regulatory body.			
<input type="checkbox"/> Not engaged in the practice of law at present (for reasons including a sabbatical, maternity or parental leave, or unemployment).			
<input type="checkbox"/> Engaged in the practice of law for no fee, gain or reward, whether direct or indirect, from the person(s) for whom the services are provided (<i>pro bono</i>).			
<input type="checkbox"/> Provide research and opinion services to an indemnified member and have no client contact whatsoever (includes law professors rendering research and opinion services to government).			

(continued on next page)

Reside* outside of British Columbia and am not engaged in the practice of BC law.

Reside* outside of British Columbia in a Canadian jurisdiction, am a member of that jurisdiction’s law society, am entitled to practise law in that jurisdiction, and maintain the full professional liability insurance or indemnification coverage required in that jurisdiction.

Are a Canadian Legal Advisor authorized to practise law in BC and maintain full professional liability insurance coverage required by the Barreau du Québec that extends to your practice in BC.

Part of my practice is not represented by the above options. If so, please explain: _____

*Resident has the meaning with respect to a province or territory that it has with respect to Canada in the *Income Tax Act* (Canada).

PART D: Trust accounting

5. Do you intend to:

operate a trust account at any time? If you choose this option, you are required to complete an annual trust report.

never operate a trust account at any time? If you choose this option, you do not need to complete a trust report, but do accept an undertaking to not operate a trust account without first notifying the Trust Assurance department of the Law Society.

PART E: Refund of indemnity fees (if applicable)

6. In the space below, indicate to whom the refund should be paid.

Payee

Address		City
Province	Country	Postal code
Telephone	Fax	Email

PART F: Declaration of applicant

I declare that the information I have provided in this application form accurately describes my practice status and that I am claiming an exemption from payment of the annual indemnity fee for the compulsory professional liability indemnity policy. Should my practice description change, I will inform Member Services of the Law Society, immediately.

_____ **Date**

_____ **Signature of applicant**

The information in this form is collected in accordance with Law Society Rule 3-43 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 exemption from compulsory professional liability indemnity coverage. If you have any questions about the collection and use of this information, contact Registration & Licensee Services at registration@lsbc.org.