

Version 1  
LPB FORM 20

**WESTERN AUSTRALIA**

*Legal Profession Uniform General Rules 215*  
Rule 82(1)(d)

*Legal Profession Uniform Law (WA)*  
Section 215(8)

To: Legal Practice Board  
PO Box 5720  
St Georges Terrace  
Perth WA 6831

**Notification of PII exemption by a Community Legal Service**

**Section 1 – Community Legal Service details**

1	Name of Community Legal Service:	_____
2	Address in Western Australia:	_____ _____ _____ Post code: _____
3	Contact name:	_____
4	Contact position	_____
5	Contact phone number:	(Work) _____ (Mobile) _____
6	Contact email address:	_____

**Section 2 – Insurer's details**

7	Exemption year:	_____
8	Insurer's name:	_____
9	Insurer's address:	_____ _____ Post code: _____

**Section 3 – Policy details**

10	Limit	_____
11	Policy start date:	_____
12	Policy end date:	_____
13	Does the policy comply with the minimum standards specified in rule 78 of the <i>Legal Profession Uniform General Rules 2015</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If no, please attach a separate document detailing how it does not comply with rule 78 of the Legal Profession Uniform General Rules 2015)</i>

**Please attach Policy and Certificate of Currency.**

**Note:** The policy must cover the insurable legal practitioners of the community legal service who are engaging in legal practice in Western Australia.

**Section 4 – Declaration**

I declare that the notification is being made on the basis that the community legal service is hereby giving an undertaking that it is a community legal service within the meaning of section 6 of the *Legal Profession Uniform Law (WA)*. The community legal service undertakes to immediately notify the Legal Practice Board should it cease to be a community legal service for the purposes of section 6 of the *Legal Profession Uniform Law (WA)*. I acknowledge that any exemptions granted under rule 82(1)(d) of the *Legal Profession Uniform General Rules 2015* are subject to the Legal Practice Board approving the community legal service's Professional Indemnity Insurance arrangements. I confirm that the community legal service will provide copies of both its professional indemnity insurance policy and certificate of currency for 2023/2024 as evidence of the community legal service's 2023/2024 professional indemnity insurance policy arrangement.

**Full name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Section 5 – Payment details**

The notification fee is \$100.

A payment options form is **attached**.

Payment is required before the notification can be considered.

**NOTE:** Notwithstanding any information that is required, your notification will not be considered unless the specified fee is paid to the Board.

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