

LPB FORM 17

**Application for an exemption to hold or be covered by an approved insurance policy - Individual**

The *Legal Profession Uniform Law (WA) (Uniform Law)* requires legal practitioners to hold or be covered by an approved professional indemnity insurance policy for Western Australia (WA) before they engage in legal practice in WA unless exempt.

Information about exemptions to hold or be covered by an approved insurance policy can be found [here](#).

**Section 1 – Exemption category – Individual**

Please tick from below, **all** relevant categories you are applying an exemption under:

- (a)  Practising as a corporate (in-house) legal practitioner (r 82(1)(a) of the *Legal Profession Uniform General Rules 2015*).
- (b)  Practising as a government legal practitioner (r 82(1)(a) of the *Legal Profession Uniform General Rules 2015*).
- (c)  A holder of a statutory office (r 82(1)(b) of the *Legal Profession Uniform General Rules 2015*).
- (d)  A person holding an office or position, or acting as, parliamentary counsel, legislative counsel or legislative drafter with the Crown (r 82(1)(c) of the *Legal Profession Uniform General Rules 2015*).
- (e)  \*Legal practice engaged in by a practitioner in the course of the practitioner's duties as an employee of an individual or body (entity), other than an incorporated legal practice, if:
  - (a) the only legal services provided by the practitioner in the course of those duties are to members or employees of the entity; and
  - (b) the entity is covered by professional indemnity insurance approved by the Board for the period in respect of which the exemption is claimed.
- (f)  \*Legal practice engaged in by a practitioner who:
  - (a) holds a local practising certificate with a condition imposed that the holder only engages in the provision of legal services on a not-for-profit basis and does not charge any person nor seek to recover a fee from any person, except for any fee arrangements that are specified in that condition; and
  - (b) holds or is covered by professional indemnity insurance issued in accordance with the National Pro Bono Resource Centre's professional indemnity insurance arrangement; and
  - (c) does not otherwise engage in legal practice in this jurisdiction.
- (g)  An Australian legal practitioner who is not engaging in legal practice in this jurisdiction.

What date is the exemption to commence from? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(dd/mm/yyyy)

\*If you ticked for an individual exemption in categories 1(a), (b), (c), (d), or (g) you do not need to complete Section 3.

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If you ticked for an individual exemption in categories 1(e) or (f), please make sure you complete Section 3.

**Section 2- Practising details**

(a) Organisation name:	_____
(b) Role:	_____
(c) Western Australia address:	_____
	_____
	_____ Post Code

**Section 3 – Insurance Arrangements (for categories 1(e) or (f) only)**

Insurer	_____
Limit:	_____
Policy start date:	_____
Policy end date:	_____

Please **attach** Certificate of Currency from your insurer.

The policy:

- (a) must cover the insurable legal practitioners of the organisation who are engaging in legal practice in WA.
- (b) Is issued or provided by an insurer, or other provider approved under, or selected in accordance with, applicable jurisdictional legislation in Australia; and
- (c) Is approved for the purposes of engaging in legal practice in WA.

**Section 4 –Declaration**

(a)	I declare that the contents of this application are true and correct
(b)	I have not withheld any relevant information
Name:	_____
Signed:	_____
Date:	_____



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**NOTE:**

If you require an exemption for a second place of practice you are required to provide a separate application.

**Section 5 – Payment details**

The application is accompanied by the following payment:

- Prescribed PII exemption application fee: \$30.00

**NOTE:**

Notwithstanding any information that is required, your application for PII exemption will not be considered unless the prescribed fee is paid to the Board.

**Section F – Declaration**

I declare that:

- The information given in or with this application is true and correct and that I have not omitted any relevant information;
- I hold or am covered by a professional indemnity insurance policy to the extent that I engage in legal practice as a volunteer; and I will provide the Board with the supporting documents and information I have undertaken herein to provide; and
- I will ensure the Board is provided with payment of the prescribed application fee.

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

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

Please submit this form via email to [general@pbwa.com](mailto:general@pbwa.com).

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**GO TO PAYMENT OPTIONS FORM.**

Level 6, 111 St Georges Terrace, PERTH WA 6000  
 Phone: (08) 6211 3600 Fax: (08) 6211 3650  
 A.B.N. 23 127 312 585

**PAYMENT OPTIONS FORM**

Your account may be paid by one of the following methods:

- Cash (*exact amount only*).
- Cheque – payable to “Legal Practice Board”
- Credit Card – **please note** the Legal Practice Board does not accept payment by Diners Club or American Express.
- Electronic Funds Transfer – please quote the firm name or practitioner’s name in your bank’s lodgement reference.
- Overseas payments:
  - The Board requires payment in **AUSTRALIAN CURRENCY ONLY**.
  - Bank cheque drawn on an Australian bank payable to “Legal Practice Board”
  - Please note if paying by Telegraphic Transfer the Australian Banking System may deduct fees from your payment. The Board has no control over this and requires payment in full.

**Submit this form with your application or email to [general@lpbwa.com](mailto:general@lpbwa.com) when paying by Electronic Funds/Telegraphic Transfer or Credit Card.**

<b>1</b>	<b>LAR PRACTICE NAME/ PRACTITIONER’S NAME:</b> _____
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<b>2</b>	<b>ELECTRONIC FUNDS TRANSFER/ TELEGRAPHIC TRANSFER:</b>		
	National Australia Bank	Account Name:	Legal Practice Board WA
	100 St Georges Terrace	BSB Number:	086-006
	PERTH WA 6000	Account Number:	50-818-2001
	Amount Transferred: \$ _____		Date of Transfer: \$ _____

**OR**

<b>3</b>	<b>CREDIT CARD:</b>		
	<i>(please tick)</i>		
	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	
	Cardholder Name: _____		
	Credit Card No: ____ / ____ / ____ / ____		Expiry: ____ / ____
	Amount: \$ _____	Signature: _____	