

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) ☐ 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)

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

If you ticked for an individual exemption in category 1(e), 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 category 1(e) 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

I declare that the contents of this application are true and correct and I have not withheld any relevant information.

Full name: _____

Signature: _____

Date: ____/____/____ (dd/mm/yyyy)

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.

Please submit this form via email to enquiries@lpbwa.com

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Please submit a completed Payment Form with this application,
available on the [All Forms page](#) on the Board's website