

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:

LEGAL PRACTICE BOARD OF WESTERN AUSTRALIA

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 2025/2026 as evidence of the community legal service's 2025/2026 professional indemnity insurance policy arrangement.

Full name: _____

Signature: _____

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

Section 5 – Payment details

The notification fee is \$100.

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

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.
