

LPB FORM 16

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

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 – Law Practice**

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

- (a)  Practising in WA if the practitioner's home jurisdiction is another jurisdiction, and the practitioner holds or is covered by an approved insurance policy for that other jurisdiction and that policy covers legal practice in this jurisdiction (s 215(1) of the Uniform Law).
- (b)  Practising at a multi-state law practice with permanent offices and principals in WA and ONLY ONE other Australian jurisdiction (s 215(2) of the Uniform Law, modified by ss 173(1) and 174 of the *Legal Profession Uniform Law Application Act 2022 (WA)*).
- (c)  Practising at a multi-state law practice with permanent offices and principals in WA and AT LEAST TWO other Australian jurisdictions (s 215(3) of the Uniform Law, modified by ss 173(2) and 174 of the *Legal Profession Uniform Law Application Act 2022 (WA)*).
- (d)  Practising at an incorporated legal practice with permanent offices in WA and ONLY ONE other Australian jurisdiction (s 215(4) of the Uniform Law).
- (e)  Practising at an incorporated legal practice with permanent offices in WA and AT LEAST TWO other Australian jurisdictions (s 215(5) of the Uniform Law).
- (f)  \*Practising at a Community Legal Service (s 215(6) of the Uniform Law). (Aboriginal Legal Service of Western Australia Limited is a 'community legal service' for the purposes of the Uniform Law).
- (g)  \*Practising as an employee of Legal Aid WA.

\*If you ticked for an individual exemption in categories 1(f) or (g), please make sure you only complete paragraphs (a), (b), and (f) of Section 2, and all of Sections 3, 4, and 5.

**Section 2 – Law Practice details**

(a) Law Practice Name: \_\_\_\_\_

(b) Western Australia address: \_\_\_\_\_  
\_\_\_\_\_

LPB FORM 16

	_____	Post Code
List all practitioners under 2(f) below		
(c) Interstate permanent office address:	_____	
	_____	
		Post Code
(d) Name at least 1 Australian legal practitioner principal practising at this address:	_____	
	_____	
(e) Additional interstate permanent office address:	_____	
	_____	
		Post Code
Name at least 1 principal practising at this address:	_____	
		(attach additional page for further additional interstate permanent office addresses)
(f) List of Australian legal practitioners at law practice seeking exemption:		
Full name of at least one WA Australian legal practitioner principal	_____	
If no WA legal practitioner principal provide full name of interstate principal seeking exemption		
Full name of all other WA Australian legal practitioners	_____	
	_____	
	_____	
	_____	
	_____	

LPB FORM 16

(attach additional page for further WA legal practitioners)

**Section 3 – Law Practice Insurance Arrangements**

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 law practice 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 – Principal Declaration**

(a)	I declare that the contents of this application are true and correct
(b)	I have not withheld any relevant information
(c)	I am authorised by each of the principals and Australian legal practitioners of the law practice engaging in legal practice in WA to make this application
Name:	_____
Signed:	_____
Date:	_____

**NOTE:**

If an Australian legal practitioner requires an exemption for a second place of practice that practitioner is required to provide a separate application.

**LPB FORM 16**

---

**Section 5 – Payment details**

The application is accompanied by the following payment:

- PII exemption application fee: \$30.00 per WA practitioner as listed in Section 2(f) above.

**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.

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>LAW PRACTICE / PRACTITIONER’S NAME:</b> _____
----------	--

<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: _____

