

**Professional Indemnity Insurance Arrangements
for Western Australian Law Practices**



30 June 2018 – 30 June 2019

FORM 1A - ADDITIONAL PRACTITIONER

POST: Law Mutual (WA)
PO BOX Z5345, PERTH WA 6831
(DX 173 PERTH)

EMAIL: info@lawmutualwa.com.au

ENQUIRIES: (08) 9481 3111

IN PERSON: The Law Society of Western Australia
Level 4, 160 St Georges Terrace
Perth WA 6000

Original copy not required. If sending by email, please scan and attach a signed copy of the completed form.

PLEASE COMPLETE A SEPARATE FORM FOR EACH ADDITIONAL PRACTITIONER

1. Name of Partnership / Incorporated Legal Practice / Sole Practitioner:

2. Practice Street Address:

Suburb: State: Postcode:

Postal Address:

Suburb: State: Postcode:

Phone: Mobile:

Email:

3. Full Name and status of Additional Practitioner

Roll ID State of Admission Surname Given Names

Status: e.g. Employed Solicitor / Partner / Director:

Date commenced this new position:

Practitioner's Email:

If part-time – Number of hours to be worked per week:

4. Was this additional practitioner employed with the Law Practice, during Law Graduate training and included as a general employee on the Law Practice's assessment form when insurance was taken out for the 2018/19 insurance year? Yes No

DECLARATION

I declare that the contents of this form are true and correct.

Signed: Date:

Must be signed by a Practitioner Director/Partner or Sole Practitioner

Name of signee:

Name of authorised contact of business if different from the above: