

Professional Indemnity Insurance Arrangements for Western Australian Law Practices

1 July 2019 – 30 June 2020



FORM B - APPLICATION BY LOW FEE EARNERS

1. CONTACT DETAILS

Name of Legal Entity: _____ ABN/ACN: _____

(If different) Law Practice Trading Name: _____

Practice Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Office Contact Email: _____ Mobile/Office Phone: _____

(If different) Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____

2. LAW PRACTICE DETAILS

Name of the legal practitioner who will hold a practising certificate:

Roll ID	State of Admission	Surname	Given Names
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No. of General Employees (e.g. Non-practising employees only) who are employed less than 20 hours/week as of 1 March 2019:

Please note to be eligible as a Low Fee Earner, practitioners cannot have general employees working more than 20 hours in total per week.

Pro Bono only practising certificate? Yes No

3. GROSS FEE INCOME (Mandatory)

What was your law practice's **actual** gross fee income for the period 1 January 2018 to 31 December 2018? **Maximum of up to \$100,000**

If you did not carry on business for the whole of that period, you must declare an estimate of your law practice's GFI in the 12 months from the date on which you commenced carrying on business. If you are an accredited migration agent who has gained or maintained your accreditation through the Legal Practice Board's Practising Certificate requirements, you will need to include your gross fee income earned as a migration agent in addition to your gross fee income related to legal work.

4. UNDERTAKING, DECLARATION AND ACKNOWLEDGEMENT

I declare that the information that has been provided on this Application is true and correct.

I undertake that the Law Practice will produce, within 7 days of a written request by Law Mutual (WA), documentary proof that it has met any requirements entitling it to the Low Fee Earner insurance.

I undertake I will provide verification of any of the information in the Application if it is required by Law Mutual (WA).

I acknowledge that the information provided in this Application will be used by Law Mutual (WA) in processing the Law Practice's application for professional indemnity insurance. Law Mutual (WA) will not process the Application unless all the required information in the Application and any other information requested has been provided.

If the Law Society determines there has been a breach of the declaration and undertakings, it may make a complaint to the Legal Profession Complaints Committee (LPCC) in accordance with Section 409 of the Legal Profession Act 2008. For example, if the actual gross fee income figure declared is inaccurate, a complaint may be made to the LPCC.

Signed: _____ Date: _____

Must be signed by the Low Fee Earner Practitioner

Name of Low Fee Earner Practitioner: _____

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

TELL US NOW ABOUT ANY CLAIMS OR CIRCUMSTANCES

If the law practice or any practitioners named in this form are aware of any claims, or circumstances which may give rise to a claim, that have not previously been notified to Law Mutual (WA) they should provide full details to Law Mutual (WA) in writing immediately.

5. WHERE TO SUBMIT THIS FORM

POST:	Law Mutual (WA) PO BOX Z5345, PERTH WA 6831 (DX 173 PERTH)	EMAIL:	applications@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.