

Solicitors' Professional Indemnity Insurance Scheme Application for Cover

If you are a **sole practitioner** please complete **Section A** then sign and date where provided at the foot of this form and return it together with your cheque for the appropriate amount payable to the Legal Practitioners' Liability Committee (or contact us to obtain our banking details).

If you are an **incorporated legal practice** please complete **Section B** then sign and date where provided at the foot of this form and return it together with your cheque for the appropriate amount payable to the Legal Practitioners' Liability Committee (or contact us to obtain our banking details).

Sole Practitioners and Directors of incorporated legal practices who **do not employ** other solicitors and who are **eligible** for a **reduced premium** should also complete **Section C**.

The premium rates (set out below) provide cover from 1/7/2020 to 30/6/2021

Annual Premium Rates for 2020/2021

Pro rata rates are available on application.

Full Premium	Band 1	Band 5: Criminal Advocates <input type="checkbox"/>	Cost Consultants <input type="checkbox"/>	Mediators <input type="checkbox"/>
Per principal	\$7,612.11	Per principal	\$242.00	(please tick the appropriate box)
Per employed solicitor	\$1,903.03	Per employee	\$60.50	

Reduced Premium: Band 1

Pro rata rates are not available for reduced premiums

NIL-----	\$191.18	Includes GST and Stamp Duty
\$1 to \$19,125-----	\$321.86	
\$19,126 to \$39,300-----	\$762.30	
\$39,301 to \$59,475-----	\$1458.05	
\$59,476 to \$79,650-----	\$2398.22	
\$79,651 to \$99,825-----	\$3585.23	
\$99,826 to \$120,000-----	\$5016.66	
\$120,001 to \$140,175-----	\$6694.93	

Section A *(Please print)*

Full Name of Applicant _____

Business / Trading Name _____

Name of Employer (if non legal) _____

Main office address _____ P/code _____

DX _____ Tel No _____ Mob No _____ Fax No _____

Postal Address _____

Email Address _____

Practising Certificate – With Trust Without Trust (please tick the appropriate box)

Section B

(Please print)

Business / Trading Name _____

Name of Incorporated Legal Practice _____

Name of Director/s holding Principal or Employee PC _____

Name of Non-Legal Director/s _____

Main office address _____ P/code _____

DX _____ Tel No _____ Mob No _____ Fax No _____

Postal Address _____

Email Address _____

Practising Certificate – With Trust Without Trust (please tick the appropriate box)

Section C

I declare to the Legal Practitioners' Liability Committee that I am eligible for a reduced premium on the grounds that:

(a) I shall commence private practice as a sole practitioner in Victoria on ___/___/20__

(b) I shall not employ any solicitors in connection with my practice.

(c) I estimate my total gross fees for the remainder of the insurance period (to 30 June 2021) will not exceed:

Nil \$19,125 \$39,300 \$59,475 \$79,650 \$99,825 \$120,000 \$140,175 (please circle)

(d) I estimate my total gross fees for the remainder of the insurance period (to 30 June 2021) will be \$
(please complete if you expect your fees to exceed \$140,175 for the remainder of the insurance year)

And I hereby undertake:

a) to submit a statutory declaration as to my gross fees for such period as may be stipulated by the Legal Practitioners' Liability Committee when so required by the Committee.

b) to pay any contribution adjustment determined by the Committee (on the basis that my fees for the said period indicate the level of my fees for the insurance period) within 14 days of request.

If a statutory declaration is not provided and/or the adjustment paid (where applicable) no reduced contribution will be available in the next insuring period.

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

I acknowledge that I have read and understood the LPLC's Privacy Policy which can be found at <https://lplc.com.au/about-us/privacy-policy/>

SIGNED _____ DATE _____

FOR OFFICE USE ONLY

PREM _____ SOLICITOR NO _____ BAND NO _____

S.D. _____ FIRM NO _____

G.S.T. _____

TOTAL _____