

# Law Society of Yukon

#202 – 302 Steele Street  
Whitehorse, Yukon Y1A 2C5  
Phone: 867-668-4231  
Fax: 867-667-7556

## FORM 13

(Rules 81, 82, 84, 86, 151, 171 – 177.1)

### Annual Practice and Professional Liability Insurance Declaration

IN THE MATTER OF a policy of Professional Liability Insurance in respect of the practice of law in Yukon Territory by:

#### 1. Name

Last Name	First Name	Middle Name(s)

#### 2. Business Address

Name of Firm/Employer			
Street			
City	Province/Territory	Country	Postal Code
Telephone ( )	Fax ( )	E-mail Address	
<b>If you are applying for a Certificate of Permission to Act, you do not need to answer question 3.</b>			
3. Do you wish to have a membership card mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If you are applying for a Certificate of Permission to Act, you do not need to answer question 4.</b>			
4. Do you or does your firm maintain a trust account in the Yukon Territory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I understand that in the event I do set up a trust account in the Yukon Territory, I must notify the Law Society and comply with the <i>Legal Profession Act</i> , Rules and requirements of the Law Society of Yukon.			

5. I confirm that my fees for the year 20\_\_\_\_ are attached in the following amounts:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Annual Fee of \$1,100                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-Practising Annual Fee of \$300     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-Practising to Practising of \$800  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Certificate of Permission to Act \$350 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Fund Levy of \$100             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| GST                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Exemption from Special Fund Levy**

I undertake that I have read Sections 45, 47 and 49 of the *Legal Profession Act* and understand the requirements and provisions of the Special Fund. I am exempt from paying the Special Fund Levy for the following reason:

No property that belongs to another person will be entrusted to or received by me in my capacity as a barrister or solicitor.

**OR**

I am a public officer or a member of the public service of the Yukon Territory or Canada.

I undertake that should the above-noted situation change, I will immediately notify the Law Society of Yukon and make immediate remittance to the Law Society of Yukon of the Special Fund Levy.

**Please complete either Box A or Box B**

Complete **Box A** if there is a professional liability insurance policy in effect for your practice of law in the Yukon Territory which complies with the requirements of the *Legal Profession Act* and Rules of the Law Society of Yukon.

**BOX A**

I declare that:

- I have read and understand all the requirements of Section 54 of the *Legal Profession Act* and Rules 171 through 177.1 inclusive;
- as of the date of this declaration, there is in effect a policy of professional liability insurance in respect of my practice of law in the Yukon Territory which complies with the requirements of the *Legal Profession Act* and Rules of the Law Society of Yukon made pursuant thereto; and
- the policy of professional liability insurance referred to above is evidenced by a contract of insurance with

\_\_\_\_\_ (name of insurance company)  
 which contract expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The policy of professional liability insurance referred to above contains conditions, restrictions, or limitations on the area(s) of law in which I practise.  Yes  No

If you answered "Yes", please provide the details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I have complied with all the provisions of the *Legal Profession Act* and the Rules of the Law Society of Yukon in respect of professional liability insurance.

Complete **Box B** if, pursuant to Section 54(2) of the *Legal Profession Act*, you **qualify for exemption** from the requirement for professional liability insurance.

**BOX B**

I Declare that:

- I have read and understand all the requirements of Section 54 of the *Legal Profession Act* and Rules of the Law Society of Yukon 171 through 177.1 inclusive;
- pursuant to Section 54(2) of the *Legal Profession Act* I qualify for exemption from the requirement for liability insurance in as much as: **(please check appropriate box)**
  - I am a non-practicing or retired member;
  - I practice exclusively as an employee for an employer who does not practice law, and do not practice on my own account apart from such employment; or,
  - I act exclusively as an employee of a government or a government agency and do not practice on my own account apart from such employment;
- in the event that at any time I do not qualify for exemption from the requirement for professional liability insurance as set out in Section 54 of the *Legal Profession Act* I will forthwith notify the Secretary of the Society of this change in status and will take all steps necessary in order to comply with all of the provisions of the *Legal Profession Act* and Rules of the Law Society of Yukon pursuant thereto in respect of professional liability insurance; and
- I have complied with all the provisions of the *Legal Profession Act* and Rules of the Law Society of Yukon in respect of professional liability insurance.

**DECLARATION**

I, \_\_\_\_\_, do solemnly declare that:

1. I have personal knowledge of the information I have provided in this Form and
2. the information is true, accurate, and complete.

Sworn before me at the \_\_\_\_\_ of \_\_\_\_\_ )  
 \_\_\_\_\_ in the )  
 Province/Territory of \_\_\_\_\_, )  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. )

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Notary Public or Commissioner for taking Oaths ) Signature  
 in and for the Province/Territory of )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )