

Law Society of Yukon

#202 – 302 Steele Street
Whitehorse, Yukon Y1A 2C5

Phone: 867-668-4231

Fax: 867-667-7556

E-mail: info@lawsocietyyukon.com

Website: www.lawsocietyyukon.com

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	
If you are applying for a Certificate of Permission to Act, you do not need to answer question 3.			
3. Do you wish to have a membership card mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are applying for a Certificate of Permission to Act, you do not need to answer question 4.			
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.			

If you are applying for a Certificate of Permission to Act, you do not need to answer question 5.

5. I confirm that my annual 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 |
| 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____.)

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