

INSURANCE RELATED INFORMATION:

Insurance Required: Yes No *(If you answered No, please go to section 2)*

Policy number
Start date
End date

Insurer: Name:
 Address:
 Phone:
 Fax
 Email

Broker: Name:
 Address:
 Phone:
 Fax
 Email

* attach a copy of the Certificate of Insurance

By-Law 6: The Law Society requires that all licensed paralegals carry a valid policy of professional liability insurance as outlined in By-Law 6, Part II, Section 12(1), unless otherwise exempt. Prior to the provision of legal services, licensees must provide written evidence of coverage.



SECTION 2: Insurance not required:

I do not need insurance coverage for the following reasons:

I work under the direct supervision of a lawyer.

Lawyer's name Lawyer's number

Lawyer's signature

Other – Please provide details:

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SIGNATURE

DATE