

NORTHERN TERRITORY LEGAL PROFESSION

LOW FEE EARNER INSURANCE APPLICATION
 COMPULSORY PROFESSIONAL INDEMNITY INSURANCE
 INSURANCE DECLARATION FOR THE PERIOD 30 JUNE 2016 TO 30 JUNE 2017

IMPORTANT INFORMATION – PLEASE READ

- Please read the Important Notices attached before completing the Insurance Declaration
- Please provide details for all shaded items on both sides of the form

A. Name of Sole Practitioner

B. Street Address

Postal Address

Email Address

Telephone Number

Fax Number

C. Actual Fees for 30 June 2014 to 30 June 2015

\$	<input type="text"/>
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Forecast Fees for 30 June 2015 to 30 June 2016

\$	<input type="text"/>
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Estimated Fees for 30 June 2016 to 30 June 2017

\$	<input type="text"/>
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Note: A declaration by you confirming your actual fees earned for the period 30 June 2016 to 30 June 2017 will be required by 31 August 2017 and a premium adjustment will apply should actual fees exceed those estimated.

D. Have you conducted a Self-Audit using the Law Society Northern Territory Self Audit Checklist v02-12?

YES / NO

E. Please complete shaded areas of (A) or (B) as per your category and calculate ANNUAL premium payable.

<u>Premium Calculation</u>	<u>Estimated Fee Category 2015-2016</u>	<u>Total payable</u>	<u>Please tick applicable category</u>
(A) Self Audit Conducted	<\$20,000	\$1,497.21	<input type="checkbox"/>
	\$20,001 to \$35,000	\$2,987.71	<input type="checkbox"/>
	\$35,001 to \$50,000	\$4,484.92	<input type="checkbox"/>
(B) NO Self Audit Conducted	<\$20,000	\$2,041.71	<input type="checkbox"/>
	\$20,001 to \$35,000	\$4,076.71	<input type="checkbox"/>
	\$35,001 to \$50,000	\$6,118.42	<input type="checkbox"/>

* Please note that if you select the Self Audit discount, you must have completed a self-audit on at least one file using the Law Society Northern Territory Self Audit Checklist v02-12. The declaration at the end of this form requires you to declare this.

F. Commencement date for coverage (30 June 2016 or start date of practice if after that date)

*Please note that the Low Fee Earner rates are minimum premiums and WILL NOT be pro-rated

G. Are you aware of any claims or circumstances which may give rise to a claim, that have not previously been reported to Marsh? If YES please advise claimant or potential claimant name below and attach full details.

H. **Declaration and Undertaking**

I declare that I am a sole practitioner and that:

(a) my estimated fees for the period 30 June 2016 to 30 June 2017 are as detailed in Item (F) of this declaration form; and;

(a) I do not practice in Partnership with any other Legal Practitioner; and

(b) I am not employed by any other Legal Practitioner nor am I a Director of an Incorporated Legal Practice.

I undertake to inform the Law Society Northern Territory and Marsh Pty Ltd of any change in circumstances whereby I cease to be classified a Low Fee Earner.

Statutory Declaration

I undertake to lodge a Statutory Declaration by the 31 August 2017, to Marsh Pty Ltd of the gross fees earned by me for the period 30 June 2016 to 30 June 2017, to allow an assessment of the appropriate contribution, and to pay any necessary premium adjustment within 30 days of advice to me of the adjustment amount. I have read the Important Notices attached to this Declaration and I am aware of my Duty of Disclosure as detailed in those notices. I confirm my agreement for Marsh to release details of my Professional Indemnity insurance placement to the Law Society Northern Territory. I declare the contents of this form to be true and correct.

Self Audit Declaration

I also do solemnly and sincerely declare that I have conducted a self-audit on at least one file using the Law Society Northern Territory Self Audit Checklist v02-12. I agree to an independent review of the audit process if requested.

Signed _____ Date: _____

Print Name _____ Title: _____

PAYMENT OPTIONS

<p>Please forward your completed declaration and payment to Marsh Pty Ltd. Your Certificate will then be issued accordingly.</p>	<p><u>Please select payment type</u></p> <p>Cheque (attached) <input type="checkbox"/> Please make cheque payable to Marsh Pty Ltd</p> <p>Premium Funding <input type="checkbox"/> Please attach premium funding application form. If you are using an alternative premium funding facility please note that settlement of monies must be made by 30 June 2016.</p> <p>Credit Card <input type="checkbox"/> Please see the back of the invoice provided for this option.</p>
<p>Marsh Pty Ltd ABN 86 004 651 512 LMB 2, DARWIN NT 0801 Tel (08) 8385 3535 Fax (08) 8981 9311 Email: karen.searle@marsh.com</p>	

