

**Professional Indemnity Insurance Arrangements  
for Western Australian Law Practices**



1 July 2024 – 30 June 2025

**FORM 1A - ADDITIONAL PRACTITIONER**

<b>POST:</b>	Law Mutual (WA) PO BOX Z5345, PERTH WA 6831	<b>IN PERSON:</b>	The Law Society of Western Australia Level 4, 160 St Georges Terrace Perth WA 6000
<b>ENQUIRIES:</b>	(08) 9481 3111		
<b>EMAIL:</b>	info@lawmutualwa.com.au		

*Original copy not required. If sending by email, please scan and attach a signed copy of the completed form.*

**PLEASE COMPLETE A SEPARATE FORM FOR EACH ADDITIONAL PRACTITIONER**

1. Name of Partnership / Incorporated Legal Practice / Sole Practitioner:

2. Practice Street Address:

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address:

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

3. Full Name and status of Additional Practitioner

PID*	State of Admission	Surname	Given Names
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Status: e.g. Employed Solicitor / Partner / Director:

Date commenced this new position:

Practitioner's Email:

If part-time – Number of hours to be worked per week:

\*Practitioner Identification Number (PID) issued by the Legal Practice Board for a practitioner who hold or will hold a practising certificate.

**DECLARATION**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Must be signed by an authorised representative**

Name of signee: \_\_\_\_\_

Name of authorised contact of business if different from the above: \_\_\_\_\_