

Insurance Exemption Certificate and Undertaking

I, _____ HEREBY CERTIFY THAT:
(First name) (Last name)

(INSTRUCTIONS: CHECK BOX #1 OR #2 THAT APPLIES TO YOU)

- (a) I am an active member or am applying for membership in the Law Society of Nunavut;
- (b) I am employed by, and my professional services are provided exclusively to:
 - (i) a government or government agency; or
 - (ii) an employer who does not practice law; and
- (c) I do not render or will not be rendering legal services of any kind to the public in Nunavut.

OR

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- (a) I am an active member or am applying for membership in the Law Society of Nunavut;
 - (b) I do not ordinarily reside or carry out my principal practice of law in Nunavut;
 - (c) I am covered by errors and omissions insurance which provides indemnification to a minimum Of \$1,000,000.00 and which covers my practice of law in Nunavut, which insurance is carried through:

(Name of Insurer and Law Society)

AND

- (d) I will provide further information, upon request, respecting my insurance coverage.

I UNDERTAKE to notify the Law Society immediately if there is a change in my status such that the foregoing statements are no longer applicable.

DATED at, _____ this _____ day of _____, _____.

(Witness)

(Signature)