

Please submit this form along with the Notification of Change of Employer form by emailing [LPO@wsba.org](mailto:LPO@wsba.org) or please contact [statuschanges@wsba.org](mailto:statuschanges@wsba.org) or call 206-239-2131 for help with changing your status.

I, \_\_\_\_\_, understand my Limited Practice Officer License is valid only while performing duties on behalf of and while covered under the errors and omissions insurance policy for my employer: \_\_\_\_\_.

If I select, prepare or complete documents outside of this coverage, I will not be protected by this insurance coverage and will also be subject to revocation of my Limited Practice Officer license.

I further agree to notify the Washington State Bar Association if my employment with the above-named employer is suspended or terminated. I further agree to advise the Washington State Bar Association if the above-specified insurance coverage is amended, suspended or terminated in any way which affects coverage for my activities as an LPO.

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Signature

Date signed

