

Please submit the Notification of Change of Employer form and provide proof of financial responsibility by emailing LPO@wsba.org or please contact statuschanges@wsba.org or call 206-239-2131 for help with changing your status.

Name: _____ License No. _____

I hereby notify the Washington State Bar Association of a change of employer related to my LPO license. The new contact information is provided below and I am attaching **one of the following** as proof of financial responsibility required by APR 12(f):

- An Individual Errors And Omissions insurance policy in the amount of \$100,000;
- An existing Agency Errors And Omissions Insurance Policy Certificate which does not exclude the practice of law and which names me as a covered party, **together** with the Declaration Of Financial Responsibility Coverage;
- A personal audited financial statement showing my net worth to be at least \$200,000;
- A Certificate Of Financial Responsibility In Lieu Of Errors And Omissions Insurance form signed by an officer of my company accompanied by my employer's audited financial statement or URL where the statement can be found: _____
- Proof of indemnification by my government employer.

Signature

Date

City/State where signed

Please provide us with your current information below. Some contact information may also be updated online by visiting **myWSBA** at the following address: <http://www.mywsba.org>.

Company: _____ Public Phone:(_____)_____

Public/Mailing Address: _____ Public Fax:(_____)_____

Primary Email: _____

Website Address: _____ TDD:(_____)_____

Home Address:* _____ Home Phone:(_____)_____

Home Email: _____

***Your home contact information will be made public if it is the only information on file with the WSBA.**

