



## Communication Sign-Up Form for Law Firm Staff

Please complete the following to enable us to communicate directly with you. We want to provide you with tools to assist you in your day-to-day job, invitations to events, and regular updates on the TitlePLUS program and real estate-related topics.

By signing below, you are consenting to the collection and use of personal information by Lawyers' Professional Indemnity Company. Any such information will be used to communicate with you, and for underwriting and risk management purposes such as maintaining a history of the lawyers for whom you have worked.

Name:	Name of Employer (Lawyer/Firm):	
_____	_____	
E-mail Address:	Telephone No.:	Province:
_____	_____	_____
I have read and agree with the statement above.		
_____		

Name:	Name of Employer (Lawyer/Firm):	
_____	_____	
E-mail Address:	Telephone No.:	Province:
_____	_____	_____
I have read and agree with the statement above.		
_____		

Name:	Name of Employer (Lawyer/Firm):	
_____	_____	
E-mail Address:	Telephone No.:	Province:
_____	_____	_____
I have read and agree with the statement above.		
_____		

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