

Thank you for your request to open an account with the Workplace Safety and Insurance Board (WSIB).

- If you are:**
- **Employing any full or part-time help, and**
 - **Engaging sub-contractors,**

Send the following to the WSIB:

1. A copy of your Business Registration.
2. Canada Revenue Agency Employer Number.
3. A copy of the GST Number Registration
4. Proof of payroll (copies of T-4's or cancelled cheques for work performed).
5. The date that help was first employed.
6. A complete description of your business activity (include any brochures or promotional materials, if available).
7. Insurable earnings for all prior years.
8. An estimate of the current years insurable earnings.

- If you are:**
- **Not employing full or part-time help, or**
 - **Would like an account established for optional insurance, and**
 - **Have been asked to show proof of WSIB coverage by the company or companies with which you currently have a contract,**

Send the following to the WSIB:

1. A completed contractors questionnaire (enclosed)

Reminders:

- When completing the questionnaire, you are the Individual and the company with whom you currently have a contract is the Principal.
- Both the Individual and the Principal must sign the questionnaire, otherwise, your status under the *Workplace Safety & Insurance Act* cannot be determined and the questionnaire will be returned to you.
- Optional Insurance is an *option* for Individuals who have been ruled to be Independent Operators by the WSIB.

2. A copy of your Business Registration
3. A copy of your GST Number Registration
4. Copies of 3 - 5 recent invoices/contracts with various Principals indicating that you do not work solely for one Principal.
5. Copies of any recent purchase orders for materials that you supply as part of your contract.
6. If Optional Insurance is requested, the annual amount must be the same as your actual earnings.
7. Proof of earnings that substantiates the annual amount of optional insurance requested, i.e., copies of T-1, T-2125, T-4, T-4A, income tax return with supporting income statement, etc.

Reminders:

- If you cannot substantiate the amount of optional insurance requested, it may be denied or set at an appropriate amount.
- There is a minimum period of three (3) months for which optional insurance is billed.

Please mail or transmit your completed questionnaire(s), returns, correspondence and enclosures to the WSIB at the address above. If you require more information or further assistance, you may call (416) 344-1000 or toll-free at 1-800-387-0750.

Introduction

The responses below will indicate whether an individual is an independent operator or a worker under the *Workplace Safety & Insurance Act* (the Act). If you need more space to elaborate, please write on the back of the page - not in the spaces between questions. Also indicate which question is being answered.

Workers are entitled to benefits provided by the Act and their employers must pay premiums to the Workplace Safety and Insurance Board (WSIB).

Independent operators may elect to be considered and covered as "workers" under the Act. If they want insurance, they must pay their own premiums.

Company means the firm that hires the individual.

Who should complete this questionnaire?

- Individuals who believe they may be independent operators
- the company(ies) that hire them (or their respective representatives).

After completing the questionnaire, the individual and the company must sign the declaration at the end of the questionnaire to verify that the answers accurately reflect the work relationship and submit the questionnaire to the Workplace Safety and Insurance Board, Employer Service Centre, 200 Front Street West, Toronto ON M5V 3J1 for a decision.

The individual and the company may submit separate questionnaires if:

- they disagree about the answers to some or all of the questions, or
- the individual wishes to submit the financial information, required to support the answers in **Part 3**, to the WSIB in confidence.

Part 1

Please fill in the blanks or check the appropriate box.

What service does the individual provide for the company?

What is the company's main business?

Are the terms of the work relationship stated in a written contract?

If yes, please include a copy of this contract.

Y

N

Does the individual have a previous or current WSIB account number?

Y

N

If yes, please state the account number.

Part 2

Please check the appropriate box.

Instructions

Does the individual follow instructions about when, where, and how the work is to be performed?

Y N

Does the individual provide only the type of work which is stated in the contract?

Y N

Training and Supervision

Is the individual trained by an experienced employee of the company?

Y N

Is the individual's work supervised by an experienced employee of the company?

Y N

Is the individual required to take correspondence or other courses?

Y N

Is the individual required to attend meetings and follow specific instructions which indicate that the company wants the services performed in a particular manner?

Y N

Services Rendered Personally

Does the individual need the company's approval to hire others to do the work?

Y N

Hours of Work

Are the hours and days of work set by the company?

Y N

Does the individual decide his or her hours of work?

Y N

Does the individual decide his or her vacation time?

Y N

Does the individual work the same hours as others who perform similar work for the company?

Y N

Full-Time Required

Is the individual required to devote full-time to the business of the company?

Y N

Is the individual restricted from doing work for other companies in the same industry?

Y N

Order or Sequence of Work

Does the individual perform services in the order or sequence set by the company?

Y N

Does the individual report to the company's office at specified times, follow up on leads and perform tasks at set times?

Y N

Is the individual's work coordinated with the work of others employed by the company?

Y N

Manner of Payment

Is the individual paid by the company in regular amounts at stated intervals?

Y N

Does the company decide the amount and manner of payment?

Y N

Does the individual receive payment for overtime or for statutory holidays?

Y N

Does the individual receive a T4 income tax slip from the company?

Y N

Is the individual paid according to a standard pay or rate scale?

Y N

Licenses

Does the company hold the licenses (if required) to do the work?

Y N

Serving the Public

Does the individual make his/her services available on behalf of or as a representative of the company?

Y N

Does the individual do work for the company's customers?

Y N

Does the individual invoice customers on the company's behalf?

Y N

Does the individual file GST returns?

Y N

Does the individual invoice the company for materials used to complete the work?

Y N

Does the individual take responsibility for warranty work?

Y N

Does the individual wear a uniform which has the company's name, colours or logo on it?

Y N

Does the individual advertise by using business cards, signage, etc.?

Y N

Is the individual registered as a business with the Ministry of Government Services?

Y N

Collective Agreement

Is the relationship governed by the terms of a collective or union agreement?

Y N

Part 3

Please fill in the blanks or check the appropriate box.

What assets are required to do this work (assets include labour, materials, tools and equipment)?

Beside each of the assets listed, please state the approximate value of each item or its cost in dollars per month.

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Does the individual own 80% or more of the equipment necessary to do the work?
(i.e., business vehicle, tools, computer, etc.)

Y N

What costs are incurred in doing the work, including costs of the acquisition, maintenance, operation and repair of assets, financing and loan arrangements with respect to the work and licensing and insurance fees?

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Who pays for these expenses, the company or the individual?

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Part 3 (continued)

If the individual pays for these expenses, is the individual required to purchase any items, directly or indirectly, for the company or through an arrangement with the company?

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Part 4

Please check the appropriate box.

Continuing Need for Service

Do the combined hours of work of the individual and all other persons who provide the same type of service for the company equal 40 hours/month or more (on average in a year)?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Hiring, Supervising and Paying Assistants

Does the individual hire, supervise and pay workers at the direction of the company (act as a supervisor or representative of the company)?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If helpers are needed:

Can the company hire, discipline or fire these helpers?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Does the individual pay the helpers directly?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Continuing Relationship

Does the individual work for the same company continuously?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Doing Work on Company Premises

Does the company own or control the site where the work is performed?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Oral and Written Reports

Is the individual required to submit regular oral or written reports to the company?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Right to Terminate

Can the individual end his or her relationship with the company at any time?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If the individual's work is unsatisfactory, who is required to correct it?

If there is additional work to be done to correct or improve a job, is the individual required to accept these costs or any other losses due to poor workmanship?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Working for More Than One Firm at a Time

Is the individual engaged in work for more than one company at the same time?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Is the individual prohibited by a contract with the company from doing work for others?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Part 5

Applying for Insurance

The individual:

- must submit the questionnaire and supporting documents to the Workplace Safety and Insurance Board, Employer Service Centre, 200 Front Street West, Toronto ON M5V 3J1 for a decision
- and the company(ies) that hire the individual must sign the declaration below. (If some of the responses vary depending on the company, the individual may submit more than one completed questionnaire with signatures of the appropriate companies.)

The WSIB will review the responses to the questionnaire and decide whether the individual is an independent operator or worker. The individual and the company will be notified of the WSIB's decision in writing.

Declaration

To the best of my knowledge, information and belief, the information contained in this document is true.

I/we understand that the WSIB reserves the right to audit and verify these responses. If these responses do not truly represent the nature of the working relationship, the WSIB may reverse the determination of status retroactively to the date that the working relationship began.

Personal information on this form is collected under the authority of the *Workplace Safety & Insurance Act, 1997*, and may be used to register/determine your status for coverage and to administer and enforce the Act. If you have any questions, please call 1-800-387-0750.

Individual's Name (please print)	Signature	Date	
Address			
	Postal Code	Telephone Number	FAX Number

Company(ies) Names	Authorizing Name & Signature	Position	WSIB Account Number

If the independent operator wants optional insurance in their own WSIB account, the independent operator must send this entire form along with the completed "**Optional Insurance Request**" form which is enclosed, to the WSIB. Optional insurance becomes effective on the date the signed request for optional insurance is received by the WSIB.

Contact Information

Business Hours:
7:30 a.m. -- 5:00 p.m.,
Monday to Friday.

Head Office
Simcoe Place
200 Front Street West
Toronto ON M5V 3J1

Telephone
(416) 344-1000
Toll-Free
1-800-387-0750

Teletypewriter (TTY)
1-800-387-0050

Fax
(416) 344-4684
Toll-Free
1-888-313-7373

Internet
e-mail address:
wsibcomm@wsib.on.ca
Web site address:
www.wsib.on.ca

Other Services

Telephone

Fax

Clearances

(416) 344-1000
1-800-387-0750

(416) 344-4684
1-888-313-7373

eServices Support

(416) 344-4122
1-888-243-1569

Register now for 24/7 online access to a range of WSIB services.

It's so easy to register for our eServices. Just visit our website at www.wsib.on.ca and set up an eServices account.

Once you are on our website, all you need to do is enter your contact information, select a User ID and answer security questions. We'll send you an email notification for your confirmation and you'll be ready to log on and use our eServices to calculate and submit premiums, report injuries and track your claim frequency and costs online, 24/7!



Workplace Safety & Insurance Board
 Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

200 Front Street West
 Toronto ON M5V 3J1
 200, rue Front Ouest
 Toronto ON M5V 3J1

Optional Insurance Request/Change

Please complete this section in full except where there is preprinted information.	
Account No.	Firm No.
Date	
Telephone Enquiry Number (416) 344-1000 1-800-387-0750	

If you are **requesting** optional insurance or **changing** the amount of existing optional insurance, please:

- complete the sections **A** and **B** (for new requests) or **C** (for changes)
- provide proof of earnings (see below)
- have the applicant review and sign the Optional Insurance Declaration (attached)
- have the Owner's Certification completed and signed (attached)

Individuals who are canceling their optional coverage must complete section **D**, or forward their request in writing to their local WSIB office. The WSIB accepts the following documents as **proof of earnings**, issued by the owner or authorized officer responsible for this account.

For Executive Officers

- T4s and T4As or any other document submitted to Canada Revenue Agency (CRA) to report earnings.

For Independent Operators, Sole Proprietors and Partners

- Audited financial statements prepared by a professionally designated accountant
- Income tax returns with supportive income statements (T1, T2125, T2032, etc.) or other documents submitted to Canada Revenue Agency to report business income to CRA.

If the applicant's company has been in business for **less than one (1) year**, the amount of coverage for premium and benefit purposes is set at 1/3 of the annual maximum insurable earnings.

If the applicant's company has been in business for **more than one (1) year**, the amount of coverage for premium and benefit purposes must accurately reflect the applicant's actual annual earnings, as supported by documents listed above.

Coverage will not be provided if your operation shows a **net business loss**.

Loss of earnings benefits are not paid if your operation shows a **net business loss**, despite active optional insurance.

If the level of earnings cannot be substantiated, the WSIB may deny the request for optional insurance.

The WSIB may deny coverage (or coverage renewal) or cancel coverage in the absence of acceptable proof of earnings.

Any change to the amount of optional insurance will take effect on the date the signed request and satisfactory proof of earnings are received by the WSIB.

The WSIB may require prepayment for optional insurance premiums.

If the applicant is paid benefits at an amount that is lower than the amount of optional insurance, the amount of optional insurance will not be retroactively adjusted.

If you have any questions or require more information, please call the WSIB at the telephone number listed at the top of this form.

A. This section must be completed.					
First Name		Middle Name		Last Name	
Date of Birth (e.g. 01JAN1994)		Social Insurance Number		Title/Position with Company	
Home Address (This address must be a physical address, not a box number or general delivery)				City	
Province		Postal Code		Area Code Telephone No. Date Business Commenced (e.g. 01JAN1996)	
B. Complete only if the applicant is requesting new optional insurance.					
Amount of Coverage Requested \$		Today's Date (e.g. 01JAN1996) dd mmm yyyy		Applicant's Signature (must be signed)	
C. Complete only if the applicant is requesting a change in the amount of existing optional insurance.					
Revised Coverage Amount Requested \$		Today's Date (e.g. 01JAN1996) dd mmm yyyy		Applicant's Signature (must be signed)	
D. Complete only if the applicant is canceling existing optional insurance.					
Name		Today's Date		Signature (must be signed)	
Name		Today's Date		Signature (must be signed)	

Optional Insurance Declaration

Please read the following information carefully. It explains how Optional Insurance changes your status under the *Workplace Safety & Insurance Act* (referred to here as "the Act").

I understand that:

1. Owners, partners, executive officers and independent operators are not automatically entitled to benefits under the Act, unless they are included in compulsory coverage in the construction industry.
2. I am voluntarily requesting to be considered a worker by the WSIB by applying for optional insurance as I am exempt from WSIB compulsory coverage.
3. I must have optional insurance for a minimum of three (3) consecutive months.
4. With optional insurance, I am entitled to all benefits due to a worker.
5. I am giving up my right to sue workers and employers whose industries are covered under Schedule 1 of the Act for damages sustained in a workplace injury.
6. I must send the WSIB proof of earnings when first requesting optional insurance.
7. If my earnings level changes, I must send the WSIB a signed request to revise the amount of insurance coverage, along with proof of earnings.
8. The WSIB may deny my request for coverage if I do not provide proof of earnings.
9. The WSIB may request proof of earnings at any time.
10. The WSIB may adjust the amount of optional insurance that I request.
11. My optional insurance will continue beyond the minimum three (3) months until either the WSIB or I cancel the insurance.
12. If I have a workplace injury, my optional insurance will remain in effect until I notify the WSIB, in writing, that I wish to cancel it or that my status has changed to compulsorily covered.
13. If I have a workplace injury, my earnings at the time of my injury will be compared to the amount of my optional insurance. The WSIB will base benefits on whichever is the lower amount - my earnings or my optional insurance coverage.
14. If I am paid benefits at an amount that is lower than the amount of my optional insurance, the amount of my optional insurance will not be retroactively adjusted.
15. The WSIB may cancel or deny renewal of my optional insurance if the employer paying for it is in arrears, or the WSIB determines I am compulsorily covered under the Act. If any premium is owing on my optional insurance, the amount of the unpaid premium may be deducted from my benefits.
16. The effective date for new optional insurance requests, changes to or cancellations of optional insurance will either be the date that the completed form 1574A is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am compulsorily covered, the effective date of changes to, or cancellation of, my optional insurance may be made retroactively.

Applicant's Name	Applicant's Signature	Date (dd/mmm/yyyy)
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Owner's Certification

I hereby certify that I am an owner (or authorized officer) responsible for this account. I also certify that the amount of optional insurance requested accurately represents the earnings of the applicant.

I acknowledge that the accident costs associated with any work-related injuries for the applicant will be applied to the accident record for this account.

Personal information on this form is collected under the authority of the *Workplace Safety & Insurance Act*, 1997, and may be used to register/determine your status for coverage and to administer and enforce the Act. If you have any questions, please call 1-800-387-0750.

Name of Owner or Authorized Officer	Title	
Signature	Telephone Number	Date Completed (dd/mmm/yyyy)

For Office Use Only:

WSIB Representative	Date (dd/mmm/yyyy)	Amount of Coverage \$	Effective Date (dd/mmm/yyyy)
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- Proof of earnings received
- Proof of eligibility received
- Actual earnings used
- 1/3 of maximum insurable earnings used