

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 and 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

Your response to the statements in **Part 2** will indicate whether you are an independent operator or a worker under the Workplace Safety & Insurance Act (the Act).

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

Independent operators are not automatically covered under the Act but may elect to be considered "workers" and covered under the Act. If independent operators choose to be covered, they must obtain optional insurance in their own WSIB accounts. The independent operator is responsible for paying for their own WSIB insurance. Once they have obtained optional insurance with the WSIB, the independent operators and their dependents may lose their right to sue for damages resulting from a work-related accident. The amount of optional insurance selected must reflect the independent operator's annual earnings for labour. The minimum period for optional insurance is three months.

Principal means the company, carrier or shipper that hires you to transport goods.

Who should complete this form?

- Owner-operators
- the principals that hire them (or their respective representatives).

After completing **Part 2** of this form, if the responses indicate that the owner-operator is an independent operator, the owner-operator and the principal must sign the form on page 2 to verify that the statements reflect the work relationship and send it to the Workplace Safety & Insurance Board, Employer Service Centre, 200 Front St. West, Toronto, Ontario M5V 3J1 for confirmation.

The independent operator may request optional insurance and the establishment of their own WSIB account in the **"Request for Optional Insurance"** section on page 3.

Part 1

What services does the owner-operator provide for the principal? (Describe the equipment).

Does the owner-operator have a previous or current WSIB account number?

Y

N

If yes, please state the account number.

Part 2

Owner-operators will be treated as independent operators, for workplace safety and insurance purposes only, when the work relationship contains all the following features:

- (a) The owner-operator pays for the truck and a majority of the equipment or other related property (such as payments for gas, maintenance of the truck, licence and storage) and is not required to finance the truck and equipment/related property through company sources.
- (b) The owner-operator has the right to exercise a choice in selecting and operating the vehicle and has market mobility in that he/she has discretion to enter into contracts of any duration to transport goods and maximize profits.
- (c) The principal does not have the right to control where or from whom products/services are purchased by the owner-operator (however, this does not preclude the owner-operator from exercising his/her option to purchase products/services from the company). Also, the principal does not have the right to exercise control over the owner-operator's operations except to the extent that loads are offered, and destinations and delivery schedules are established by the principal's contract with the shipper and except for the joint responsibilities set out in federal and provincial licensing and related statutes.
- (d) The principal and the owner-operator state that the relationship is one of a contract for service and not that of employer and employee.
- (e) The principal does not issue a Canada Revenue Agency T4, T4A or make statutory deductions for E.I. and/or C.P.P.

To the best of my knowledge, information and belief, the work relationship contains all the features stated above.

I/we understand that the WSIB reserves the right to verify that the work relationship contains all the features stated above. If the work relationship does not have all of these features, the WSIB may reverse the determination of status retroactively to the date that the relationship began.

Personal information on this form is collected under the authority of the Workplace Safety and 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.

Owner-Operator		Signature		Date (dd/mmm/yyyy)
Street Address, City & Province				
	Postal Code	Telephone	FAX Number	

Principal(s) Name(s)	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.

Request for Optional Insurance (to be completed only if optional insurance is required)

I, _____ request optional insurance as an independent operator in my own WSIB account.

The labour portion of my estimated earnings is

\$

(Enter this amount in section B of page 5)

Note: If in business for less than one year, this amount will be 1/3 of the annual maximum insurable earnings set by the WSIB. Otherwise, this amount must accurately reflect the I/O's actual annual earnings calculated as:

- net business income for the previous year as reported to Canada Revenue Agency including such items as
 - pension plan and RRSP contributions
 - depreciation and amortization
 - charitable donations
 - expenses arising out of the individual's use of personal home or vehicle for business purposes
 - dividends from the business
 - other items as appropriate, or
- an audited financial statement of earnings prepared by a Chartered Accountant.

Applicant's Signature	Date (dd/mmm/yyyy)
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What To Do If An Accident Happens

The Workplace Safety & Insurance Act requires you to file a report within three days of learning of an occupational injury or disease that disables a worker or requires health care. Failure to do so may result in a late filing penalty being levied. This report of accident must be submitted on a **Form 7 - Employer's Report of Injury/Disease**.

If you wish to discuss details of optional insurance or managing your WSIB account, you may contact the WSIB office listed on the next page.

Request for WSIB Identification Number (to be completed only if optional insurance is not required)

I, _____ do **not** wish to obtain optional insurance at this time; however, I require a WSIB identification number as an independent operator without insurance.

Having declined optional insurance, I understand that should a work-related injury occur, I will not be eligible for any WSIB benefits.

Applicant's Signature	Date (dd/mmm/yyyy)
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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**

Clearance Certificates

(416) 344-1012
1-800-387-8638(416) 344-3410
1-877-849-4882

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!

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	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)
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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)
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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.
2. I am voluntarily requesting to be considered a worker by the WSIB by applying for optional insurance.
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.
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. 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.

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 and 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)
<input type="checkbox"/> Proof of earnings received <input type="checkbox"/> Proof of eligibility received <input type="checkbox"/> Actual earnings used <input type="checkbox"/> 1/3 of maximum insurable earnings used			