

When do I complete the Determining Worker/Independent Operator Status - Trucking Industry Questionnaire?

Please complete the attached Determining Worker/Independent Operator Status Questionnaire for the Trucking Industry, if one of the following applies:

- **You are not employing full or part-time help**
- **You have been asked to show proof of WSIB coverage by the company or companies with which you currently have a contract**
- **You are a company engaging contractors and require a worker/independent operator status determination**
- **You would like an account established for Optional Insurance**

What do I submit to the Workplace Safety and Insurance Board (WSIB)?

1. The completed Determining Worker/Independent Operator Status - Trucking Industry Questionnaire signed by you (the owner-operator) and the company with whom you currently have a contract (the Principal)
2. A copy of the license plate and vehicle portion of the ownership
3. A copy of your vehicle lease or rental agreement, if applicable
4. A copy of your business registration or Certificate/Articles of Incorporation
5. A completed Optional Insurance Request/Change Form, if requested (Form 1574A enclosed)
 - Proof of earnings if requesting optional insurance

Reminder:

- When completing the questionnaire, you are considered the owner-operator and the company with whom you are in a contract with is considered the Principal
- Make sure to send the WSIB the signed questionnaire and the required supporting documentation
- Individuals who have been determined to be independent operators by the WSIB, can apply for Optional Insurance.

Please send your completed questionnaire(s) and all required documents listed above to the WSIB at the address, fax or email indicated at the top of this page. If you require more information or further assistance, you may call (416) 344-1000 or toll free at 1-800-387-0750 Monday to Friday from 7:30 a.m. to 5:00 p.m.

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 & 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

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

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.

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

I have completed the attached Optional Insurance Request Form Yes No

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:
employeraccounts@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)		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

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)
<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			