

Please print in black ink

Thank you for contacting the Workplace Safety & Insurance Board (WSIB). In order for us to make a determination regarding your status under the Workplace Safety and Insurance Act, the following form must be completed in full and supporting documentation attached.

Please read and complete this form and the attached Construction Industry Questionnaire. Attach the requested documents and return to the WSIB by fax, mail or in person.

Information

1. How many hours per week do you work for your current contractor?	2. On what basis is your salary calculated (hourly, weekly, piecework, etc.)?
3. What equipment is necessary to complete your work?	
4. Who provides the equipment?	5. Who pays for the equipment?
6. Do/did you hire (please check either yes or no)	
Part-time help? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time help? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Family members? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Casual help? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any box in question 6 , please advise:	7. How many helpers do you hire?
	8. Date hired (dd/mm/yyyy)

Upon signing the Construction Industry Questionnaire, you agree to provide the WSIB the right to verify your responses.

Please include copies of:

- Canada Revenue Agency, CRA (formerly Canada Customs & Revenue Agency) Employer Number (if applicable), and Business Registration/Articles of Incorporation from the Ministry of Consumer and Business Services (MCBS).
- Brochures/pamphlets/yellow page ad used to advertise your business, if applicable.
- Proof that you file GST.
- All invoices and contracts for work completed for your current contractor within the last six (6) months. If not available, please explain:

- Five (5) to seven (7) invoices or contracts for work completed for other contractors within the last six (6) months. If not available, please explain:

- Purchase orders/receipts for materials supplied within the last three (3) to six (6) months. If not available, please explain:

- Last filed tax return with CCRA - T1 General with Statement of Business Activities (T2124).

Cellular Telephone No.	e-mail address (if applicable)
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Additional Information

The **Workplace Safety and Insurance Act** does not automatically cover individuals ruled to be Independent Operators. These individuals may request coverage through the **WSIB's Optional Insurance Policy**.

Contacting the Workplace Safety & Insurance Board

Business Hours:
8:30 a.m. – 4:30 p.m.,
Monday to Friday.

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

Teletypewriter (TTY)
1-800-387-0050

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

Guelph

100 Stone Road West, 2nd Floor
Guelph ON N1G 5L3
Telephone: (519) 826-4650
Toll-Free: 1-888-259-4228
Fax: 1-888-266-0771

Hamilton

120 King Street West, 4th Floor
Hamilton ON L8N 4C5
Telephone: (905) 523-1800
Toll-Free: 1-800-263-8488
Fax: (905) 523-7014

Kingston

234 Concession Street, Suite 304
Kingston ON K7K 6W6
Telephone: (613) 544-9682
Toll-Free: 1-800-267-9461
FAX: (613) 544-1510

Kitchener

55 King Street West
Kitchener ON N2G 4W1
Telephone: (519) 576-4130
Toll-Free: 1-800-265-2570
Fax: (519) 576-2667

London

148 Fullarton Street
London ON N6A 5P3
Telephone: (519) 663-2331
Toll-Free: 1-800-265-4752
FAX: 1-888-313-7373

North Bay

128 McIntyre Street West
North Bay ON P1B 2Y6
Telephone: (705) 472-5200
Toll-Free: 1-800-461-9521
Fax: (705) 472-9801

Ottawa

180 Kent Street, Suite 400
Ottawa ON K1P 0B6
Telephone: (613) 237-8840
Toll-Free: 1-800-267-9601
Fax: (613) 239-3321

Sault Ste. Marie

153 Great Northern Road
Sault Ste. Marie ON P6B 4Y9
Telephone: (705) 942-3002
Toll-Free: 1-800-461-6005
Fax: (705) 942-7582

St. Catharines

301 St. Paul Street, 8th Floor
St. Catharines ON L2R 7R4
Telephone: (905) 687-8622
Toll-Free: 1-800-263-2484
Fax: (905) 687-7117

Sudbury

30 Cedar Street
Sudbury ON P3E 1A4
Telephone: (705) 675-9301
Toll-Free: 1-800-461-3350
Fax: (705) 675-9367

Thunder Bay

1113 Jade Court, Suite 200
Thunder Bay ON P7B 6V3
Telephone: (807) 343-1710
Toll-Free: 1-800-465-3934
Fax: (807) 343-1977

Timmins

5020 Highway 101 East
Ontario Government Complex
P.O. Bag 4020
South Porcupine ON P0N 1H0
Telephone: (705) 235-6130
Toll-Free: 1-800-461-9856
Fax: (705) 235-6140

Toronto

200 Front Street West, 3rd Floor
Toronto ON M5V 3J1
Telephone: (416) 344-1004
Toll-Free: 1-800-387-0750
Fax: (416) 344-3200

Windsor

2485 Ouellette Avenue
Windsor ON N8X 1L5
Telephone: (519) 966-0660
Toll-Free: 1-800-265-7380
Fax: (519) 972-4181

Regulatory Services Division

Action Line: 1-888-745-3237
E-mail: sileads@wsib.on.ca

Prevention Division

Telephone: (416) 344-1016
Toll-Free: 1-800-663-6639

French Services

Telephone: (416) 344-2003
Toll-Free: 1-800-465-5606

Community Relations

Telephone: (416) 344-2000
Toll-Free: 1-800-465-5606

To request brochures

Telephone: (416) 344-4999
Toll-Free: 1-800-465-5606

Introduction

The responses below will indicate whether the individual is an independent operator or a worker under the Workplace Safety & Insurance Act (the Act).

Workers are entitled to benefits provided by the Act and their employers must pay premiums to the Workplace Safety & 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.

Contractor means the firm that hires the individual to do construction work.

Who should complete this questionnaire?

- Persons who do construction work
- the contractor(s) (or their respective representatives).

After completing the questionnaire, if the responses indicate that the individual is an independent operator, 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. Submit the questionnaire to the Workplace Safety & Insurance Board, Operations, 200 Front St. West, Toronto, Ontario M5V 3J1 (or your local WSIB office) for confirmation.

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 WSIB in confidence.

Part 1

Please fill in the blanks or check the appropriate box.

What service does the individual provide for the contractor?

What is the main business of the contractor?

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 current or previous WSIB account number?

Y

N

If yes, please state this number.

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Part 2

Instructions

After accepting the work, does the individual require further instruction from the contractor in order to complete the work?

Y N

Does the individual have to follow the contractor's instructions about the standards and specifications to which the work must comply?

Y N

Is the answer "yes" to 1 or more of the 2 questions in this section?

Y N

Hours of Work

Does the individual work the same hours as everyone else who does the same job on the site?

Y N

Order of Work

Is the work scheduled and coordinated with the work of others who are hired by the contractor?

Y N

Training/Supervision/Discipline

Is the individual trained or supervised by the contractor or by an experienced employee of the contractor?

Y N

Union Agreement

Are the work activities governed by a collective agreement setting rates of pay, vacation pay, etc.?

Y N

Ruling by Revenue Canada

Has Revenue Canada made an official written ruling that the individual is independent?

Y N

If yes, please include a copy of this decision

These decisions are made using the form entitled "Request for a ruling as to the status of a worker under the Canada Pension Plan or Unemployment Insurance Act".

Method of Payment

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

Y N

Part 2 Score

How many answers fall within the grey box in Part 2?

Part 3

Does the individual own, lease, rent or pay for more than 80% (in dollars/month) of the assets (e.g. equipment) that are used in doing the work?

Y

N

If no, skip to the next part.

If yes, does the individual own, lease, rent or pay for:

material: _____ Y N

equipment: _____ Y N

tools: _____ Y N

supplies: _____ Y N

equipment repairs & maintenance Y N

damage or loss to materials Y N

damage or loss to equipment Y N

labour Y N

other (please specify) Y N

Beside each of the items above, please state the approximate value of each item or its cost (in dollars/month). **Individuals may submit separate questionnaires if they wish to submit this information in confidence.**

Are more than 20% (in dollars/month) of these payments made to the contractor or to an agency selected by the contractor? (Please circle those items for which the contractor or an agency controlled or selected by the contractor receives payments).

Y

N

Does the contractor have the right to make decisions that could affect more than 20% of these payments?

Y

N

Is the contract valued at less than \$900/week?

Y

N

Part 3 Score

How many answers fall within the grey box in Part 3

Part 4

Personal Services Required

Is the individual expected to do the work personally?

Y

N

Service to General Public

Does the individual act as representative of the contractor when serving the general public?.

Y

N

Does the individual invoice customers on behalf of the contractor?

Y

N

Does the individual file GST returns with Revenue Canada?

Y

N

Does the individual advertise by means of business cards, truck signs, yellow pages, newspapers or other publications, etc.?

Y

N

Has the individual registered as a sole proprietor and/or "limited" company or partnership with the Provincial Ministry of Consumer and Commercial Relations?

Y

N

Of the 5 answers in this section, do 3 or more fall in the middle column?



Y

N

Full Time Required

Does the individual work exclusively for one contractor?

Y

N

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 contractor equal 40 hour/month or more (on average in a year)?

Y

N

Continuing Relationship

Does the individual work for the same contractor continuously (year after year)?

Y

N

Doing Work on Contractor's Work Site

Does the individual work on a work site that is owned or controlled by the contractor?

Y

N

Hiring, Supervising and Paying Assistants

Does the individual need the contractor's approval to hire, fire or discipline employees?

Y

N

Does the contractor tell the individual to hire others to assist with the work?

Y

N

Is the answer "yes" to 1 or more of the 2 questions in this section?

Y

N

Working for more than one Contractor at a Time

Does the individual regularly work for more than one contractor in the course of a two-week period?

Y

N

Termination

Can the individual or the company end the relationship at any time without legal penalty for breach of contract?

Y

N

Part 4 Score

How many answers fall within the grey box in Part 4

Part 5

In **Part 2**, 4 or more answers fall in the box?

Y N

In **Part 3**, do 4 answers fall in the box?

Y N

In **Part 4**, do 5 or more answers fall in the box?

Y N

If the answer in this box is "N" 2 or more times, the individual is a **worker** under the Workplace Safety & Insurance Act (the Act).

If the answer in this box is "Y" 2 or more times, the individual is an **independent operator** under the Act.

Applying for Insurance

If the responses indicate that the individual is an **independent operator**, the individual:

- must submit the questionnaire and applicable supporting documents to the Workplace Safety & Insurance Board, Operations, 200 Front St. West, Toronto, Ontario M5V 3J1 (or the local WSIB Office).
- and the contractor(s) that hire the individual must sign the declaration below. (If some of the responses vary depending on the contractor, submit more than one completed questionnaire with the signatures of the appropriate principal(s)).

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 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 contact your Customer Service Representative/Account Manager or call 1-800-387-8638.

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

Contractor(s) Name(s)	Authorizing Name & Signature	Position	WSIB Account Number

If the WSIB confirms independent operator status, will a WSIB account number or optional insurance be desired?

Y N