



Workplace Safety &
Insurance Board

200 Front Street West
Toronto ON M5V 3J1

Commission de la sécurité
professionnelle et de l'assurance
contre les accidents du travail

200, rue Front Ouest
Toronto ON M5V 3J1

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. Revenue Canada 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-2124, 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 Small Business office in your area. If you require more information or further assistance, you may call your local WSIB Small Business Office.



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

Determining Worker/ Independent Operator Status

General Questionnaire

Introduction

The responses below will indicate whether an individual is an independent operator or a worker under the Workplace Safety and 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, Operations, 200 Front Street West, Toronto ON M5V 3J1 (or the local WSIB office) 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 Consumer and Commercial Relations? 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 above, please state the approximate value of each item or its cost in dollars per month..

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

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

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?

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 N

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 N

If helpers are needed:

Can the company hire, discipline or fire these helpers?

Y N

Does the individual pay the helpers directly?

Y N

Continuing Relationship

Does the individual work for the same company continuously?

Y N

Doing Work on Company Premises

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

Y N

Oral and Written Reports

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

Y N

Right to Terminate

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

Y N

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 N

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 N

Is the individual prohibited by a contract with the company from doing work for others?

Y N

Part 5

Applying for Insurance

The individual:

- must submit the questionnaire and supporting documents to the Workplace Safety and Insurance Board, Operations, 200 Front Street West, Toronto ON M5V 3J1 (or the local WSIB office), 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 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 (please print)	Signature	Date
----------------------------------	-----------	------

Address			
	Postal Code	Telephone Number ()	FAX Number ()

Company(ies) Names	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