

Complete the determining worker/independent operator status – general questionnaire, 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 need to submit to the Workplace Safety and Insurance Board (WSIB)?

1. A completed determining worker/independent operator status questionnaire signed by you (the individual) and the company with whom you currently have a contract (the principal)
2. Three to five copies of recent invoices/contracts for different companies to demonstrate that you work for more than one company
3. A copy of your business registration or Certificate/Articles of Incorporation
4. Copies of any recent purchase orders for materials that you supply as part of your contract e.g. cleaning supplies, tools, office supplies or equipment
5. If available, advertising material such as business cards, flyers or website address
6. If applicable, a copy of the HST number

If you are requesting optional insurance, please include a completed Optional insurance request/change form along with proof of earnings.

Please send your completed questionnaire and supporting documents to us by:

Email: employeraccounts@wsib.on.ca

Mail: 200 Front Street West, Toronto, ON M5V 3J1

If you require more information or further assistance, you can call us at 416-344-1000 or toll free at 1-800-387-0750 from Monday to Friday from 7:30 a.m. to 5:00 p.m

Reminder:

- When completing the questionnaire, you are considered the individual and the company for whom you have a contract 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.

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

200 Front Street West, Toronto, Ontario, M5V 3J1

Toll free: 1-800-387-0750 | **TTY:** 1-800-387-0050 | wsib.ca

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Who should complete this questionnaire?

- individuals who believe they may be independent operators
- the hiring company or their respective representatives

After completing part 2 of this questionnaire, if the responses indicate that the individual is an independent operator, the individual and the company must sign the questionnaire on page 2 to verify that the statements reflect the work relationship.

The individual and the company may submit separate questionnaires if:

- they disagree with the answers to some or all of the questions
- the individual wishes to submit the financial, required to support the answers in part 3, to the WSIB information in confidence

We will review your response and notify both the individual and company of our decision in writing.

Key terms

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

Independent operators can choose to apply for coverage as “workers” under the WSIA. If they want insurance, they must pay their own premiums.

Company is the principal or the business that hires the individual.

Part 1

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.	yes	no
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Does the individual have a previous or current WSIB account number?	yes	no
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If yes, please provide this number.

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

Part 2		
Instructions		
Does the individual follow instructions about when, where, and how the work is to be performed?	yes	no
Does the individual provide only the type of work which is stated in the contract?	yes	no
Training and supervision		
Is the individual trained by an experienced employee of the company?	yes	no
Is the individual's work supervised by an experienced employee of the company?	yes	no
Is the individual required to take correspondence or other courses?	yes	no
Is the individual required to attend meetings and follow specific instructions which indicate that the company wants the services performed in a particular manner?	yes	no
Services rendered personally		
Does the individual need the company's approval to hire others to do the work?	yes	no
Hours of work		
Are the hours and days of work set by the company?	yes	no
Does the individual decide his or her hours of work?	yes	no
Does the individual decide his or her vacation time?	yes	no
Does the individual work the same hours as others who perform similar work for the company?	yes	no
Full-time required		
Is the individual required to devote full-time to the business of the company?	yes	no
Is the individual restricted from doing work for other companies in the same industry?	yes	no
Order or sequence of work		
Does the individual perform services in the order or sequence set by the company?	yes	no
Does the individual report to the company's office at specified times, follow up on leads and perform tasks at set times?	yes	no
Is the individual's work coordinated with the work of others employed by the company?	yes	no
Manner of payment		
Is the individual paid by the company in regular amounts at stated intervals?	yes	no
Does the company decide the amount and manner of payment?	yes	no
Does the individual receive payment for overtime or for statutory holidays?	yes	no
Does the individual receive a T4 income tax slip from the company?	yes	no
Is the individual paid according to a standard pay or rate scale?	yes	no

Licenses		
Does the company hold the licenses (if required) to do the work?	yes	no
Serving the public		
Does the individual make their services available on behalf of or as a representative of the company?	yes	no
Does the individual do work for the company's customers?	yes	no
Does the individual invoice customers on the company's behalf?	yes	no
Does the individual file GST returns?	yes	no
Does the individual invoice the company for materials used to complete the work?	yes	no
Does the individual take responsibility for warranty work?	yes	no
Does the individual wear a uniform which has the company's name, colours or logo on it?	yes	no
Does the individual advertise by using business cards, signage, etc.?	yes	no
Is the individual registered as a business with the Ministry of Government Services?	yes	no
Collective agreement		
Is the relationship governed by the terms of a collective or union agreement?	yes	no

Part 3		
<p>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.</p> 		
Does the individual own 80 per cent or more of the equipment necessary to do the work? (i.e., business vehicle, tools, computer, etc.)	yes	no
<p>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?</p> 		
<p>Who pays for these expenses, the company or the individual?</p> 		

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

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)?

yes no

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)?

yes no

If helpers are needed:

Can the company hire, discipline or fire these helpers? yes no

Does the individual pay the helpers directly? yes no

Continuing relationship

Does the individual work for the same company continuously? yes no

Doing work on company premises

Does the company own or control the site where the work is performed? yes no

Oral and written reports

Is the individual required to submit regular oral or written reports to the company? yes no

Right to terminate

Can the individual end his or her relationship with the company at any time? yes no

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? yes no

Working for more than one firm at a time

Is the individual engaged in work for more than one company at the same time? yes no

Is the individual prohibited by a contract with the company from doing work for others? yes no

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 (print please)	Signature	Date (dd/mmm/yyyy)
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Address

City	Province	Postal code	Telephone
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Company name	Authorizing name and 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 to the WSIB. Optional insurance becomes effective on the date the signed request for optional insurance is received by the WSIB.

Does the owner-operator have a previous or current WSIB account number? yes no

If yes, please provide the account number.

Please complete this section in full except where there is preprinted information.	
Account number	Firm number
Date (dd/mmm/yyyy)	
WSIB contact information 416-344-1000 1-800-387-0750	

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

- complete sections **A** and **B** for new requests or **A** and **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 CRA to report business income
- If the applicant’s company has been in business for **less than one 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 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.

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

Section A			
First name		Middle name	Last name
Date of birth (dd/mmm/yyyy)		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	Date business commenced (dd/mmm/yyyy)

Section B. Complete if requesting new optional insurance		
Amount of coverage requested	Today's date (dd/mmm/yyyy)	Applicant's signature

Section C. Complete if requesting a change in the amount of existing optional insurance		
Revised coverage amount requested	Today's date (dd/mmm/yyyy)	Applicant's signature

Section D. Complete if canceling existing optional insurance					
Name	Today's date	Signature	Name	Today's date	Signature

Optional insurance declaration

Please read the following information carefully. It explains how optional insurance changes your status under the *Workplace Safety & Insurance Act* (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 mandatory 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 mandatory coverage.
3. I must have optional insurance for a minimum of three 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 businesses 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 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 mandatorily 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 business paying for it has amounts owing, or the WSIB determines I am mandatorily 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 optional insurance request/change form is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am mandatorily 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 Act, 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	Date completed (dd/mmm/yyyy)

For office use only:			
WSIB representative	Date (dd/mmm/yyyy)	Amount coverage \$	Effective date (dd/mmm/yyyy)
<input type="checkbox"/> Proof of earnings received	<input type="checkbox"/> Actual earnings used		
<input type="checkbox"/> Proof of eligibility received	<input type="checkbox"/> 1/3 of maximum insurable earnings used		