



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.**

## Courier Industry

### Introduction

Your response to the statements in PART 2 will indicate whether you are an independent operator under the Workplace Safety and Insurance Act (the Act).

**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** are not automatically covered under the Act but may elect to be considered "workers" and be 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.

**Company** means the firm that hires and pays the individual to pickup and deliver packages, parcels or letters.

Who should complete this questionnaire?

- Individuals who drive vehicles to pickup and deliver packages, parcels or letters
- The company(ies) that hire them (or their respective representatives).

**Note :** Couriers who collect or deliver on foot or by bicycle are considered workers and should not complete this questionnaire.

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 and send it to the Workplace Safety and Insurance Board, Operations, 200 Front Street West, Toronto ON M5V 3J1 (or the local WSIB office) 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

Please fill in the blanks or check the appropriate box.

Describe the work that the individual performs?

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State what equipment and vehicle the individual owns, rents or leases which is required to courier packages, parcels or letters (i.e. car, van, two-way radio, pager, cellular phone).

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Does the individual hire any help?

Y

N

Does the individual have a previous or current WSIB account number?

Y

N

If yes, please state the account number.

**Part 2**

Individuals will be treated as independent operators, for workplace safety and insurance purposes only, if they meet **all** the following five criteria:

- 1) The contractor and the individual state that the relationship is one of contract for service and not that of employer and employee and the individual does not use the company's name except for licensing purposes or statutory requirements on any vehicle. For security purposes, removable photo identification is acceptable.
- 2) The individual pays for the vehicle and more than 50% of the operating expenses (e.g. gas, maintenance, insurance, license, pager, cellular phone, parking tickets, towing).
- 3) The company does not control the individual's operation except in deciding what pickups and deliveries are offered and what shippers' instructions are being passed by the company.
- 4) The individual is free to perform pickups or deliveries for any other party at any time and is free to set their own work schedule.
- 5) The principal does not issue a Revenue Canada T4 statement to the individual.

I/we understand that the WSIB reserves the right to verify that the work relationship contains all of the features listed above. If the work relationship does not have all of these features, the WSIB will 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 contact your Customer Service Representative/Account Manager or call 1-800-387-8638.

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

Company(ies) Names	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 an independent operator in my own  
WSIB account.

The labour portion of my estimated earnings is

\$
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(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 Revenue Canada 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
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**What To Do If An Accident Happens**

The 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 any of the WSIB offices 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
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## Contacting The Workplace Safety & Insurance Board

For help in obtaining optional insurance and setting up your own WSIB account, call the Workplace Safety & Insurance Board, Revenue Operations at the telephone numbers shown on this page.

### Toronto

200 Front Street West  
3rd Floor  
Toronto ON M5V 3J1  
(416) 344-1013  
1-800-387-8638  
Fax (Revenue): (416) 344-3381

### Hamilton

120 King Street West  
P.O. Box 2099, Station LCD1  
Hamilton ON L8N 4C5  
(905) 523-1800  
1-800-263-8488 (416,519,613,705 & 905)  
Fax (Revenue): (905) 521-4202

### London

148 Fullarton Street  
London ON N6A 5P3  
(519) 663-2331  
1-800-265-4752  
Fax (Revenue): (519) 663-2381

### Ottawa

360 Albert Street  
Suite 200  
Ottawa ON K1R 7X7  
(613) 238-7851  
1-800-267-9601  
Fax (Revenue): (613) 239-3435

### North Bay

128 McIntyre Street West  
North Bay ON P1B 2Y6  
(705) 472-5200  
1-800-461-9521 (Ontario + 819)  
Fax: (705) 472-9801

### Kingston

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

### Timmins

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

### Sudbury

30 Cedar Street  
Sudbury ON P3E 1A4  
(705) 675-9301  
1-800-461-3350 (705 & 819)  
Fax (Revenue): (705) 675-9390

### Thunder Bay

1113 Jade Street,  
Suite 200  
Thunder Bay ON P7B 6V3  
(807) 343-1710  
1-800-465-3934 (204, 705 & 807)  
Fax (Revenue): (807) 343-1977

### Windsor

2485 Quellerie Avenue  
4th Floor  
Windsor ON N8X 1L5  
(519) 966-0660  
1-800-265-7380  
Fax (Revenue): (519) 972-4176

### Kitchener/Waterloo

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

### St. Catharines

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

### Sault Ste. Marie

153 Great Northern Road  
Sault Ste. Marie ON P6B 4Y9  
(705) 942-3002  
1-800-461-6005 (705 & 807)  
FAX (705) 942-7582

### Guelph

100 Stone Road West  
2nd Floor  
Guelph ON N1G 5L3  
(519) 826-4650  
1-888-259-4228  
FAX 1-888-266-0771



**Mail To:**  
200 Front Street West  
Toronto ON M5V 3J1

**Optional Insurance  
Request/Change**

<b>Please complete this section.</b>	
Account No.	Firm No.
Telephone Enquiry Number  <b>(416) 344-1000</b> <b>1-800-387-0080</b>	

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, T2124, T2032, etc.) or other documents submitted to Canada Revenue Agency to report business income.
- 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, contact your WSIB account representative. If you do not know the phone number, please call the WSIB at the telephone number listed at the top of this form.

<b>A. You must complete this section.</b>					
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 No. ( )		Date Business Commenced (dd/mmm/yyyy)	

<b>B. Complete only if the applicant is requesting new optional insurance.</b>		
Amount of Coverage Requested	\$	Applicant's Signature (must be signed)
Today's Date (dd/mmm/yyyy)		

<b>C. Complete only if the applicant is requesting a change in the amount of existing optional insurance.</b>		
Revised Coverage Amount Requested	\$	Applicant's Signature (must be signed)
Today's Date (dd/mmm/yyyy)		

<b>D. Complete only if the applicant is canceling existing optional insurance.</b>					
<b>Name</b>	<b>Today's Date</b>	<b>Signature</b> (must be signed)	<b>Name</b>	<b>Today's Date</b>	<b>Signature</b> (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 ("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 eligible to claim for benefits.
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 acceptable 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 the WSIB receives my signed notification 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 refuse, 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 costs associated with any work-related injuries or occupational diseases 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, 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 WSIB account representative or call 1-800-387-0080.**

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)
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- Proof of earnings received
- Proof of eligibility received
- Actual earnings used
- 1/3 of maximum insurable earnings used