

Please complete the attached Determining Worker/Independent Operator Status 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 submit to the Workplace Safety and Insurance Board (WSIB)?

1. The 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. Copies of 3 - 5 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. A copy of the HST number, if applicable
5. 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
6. Advertising material such as business cards, flyers, website, if available
7. 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 Individual and the company with 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.

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.

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 automatically 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.

Company means:

- Fleet owner
- Garage
- Dispatcher
- Roof sign owner

or any firm that is owned or controlled by one of the above.

Who should complete this questionnaire?

- Persons who drive taxis
- the company (or their respective representatives).

After completing the questionnaire, if the responses indicate that the driver is an independent operator, the driver 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, Employer Service Centre, 200 Front St. West, Toronto, Ontario M5V 3J1 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.

Please describe the work that the individual does.

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 driver have a previous or current WSIB account number?

Y N

If yes, please state this number.

Part 2

Please check the appropriate box

Instructions

Is the driver required to obey company rules? (i.e. maintaining the appearance of the vehicle and safety practices)

Y

N

Set Hours of Work

Are there set hours when the driver is restricted from driving the taxi?
That is, the company requires the vehicle to be returned at the end of the shift.

Y

N

Service to Public

Does the driver do any of the following:

- drive a vehicle that has the company's name, logo or colours on it?

Y

N

- provide receipts (including credit card) that bear the company's name, logo or colours?

Y

N

- wear a uniform that bears the company's name, logo or colours?

Y

N

Does the company make contributions for CPP or income tax deductions on behalf of the driver?

Y

N

Is the answer "yes" to 2 or more of the 4 questions in this section?

Y

N

Licences

Does the company hold the title to the taxi-plate licence?

Y

N

Does the driver lease the taxi-plate licence from the company?

Y

N

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

Y

N

Services Rendered Personally

Does the driver need the company's approval to hire someone else to drive the taxi?

Y

N

Are the driver's vacations taken upon mutual agreement with the company?

Y

N

Is the driver required to report to the company or dispatcher upon completion of each shift?

Y

N

Of the 3 answers in this section, 2 or more are:

Y

N

Training and Supervision

Did the company train the driver to operate that taxi?

Y

N

Can the company or the dispatcher fine, suspend, withhold calls or otherwise discipline the driver?

Y

N

Does the company generally confine the driver's operation to a specific geographic or designated area within the boundary covered in the municipal plate-licence?

Y

N

Of the 3 answers in this section, 2 or more are:

Y

N

Order or Sequence

Apart from transporting parcels or passengers, is the driver sometimes required to do other work for the company?

Y

N

PART 2 SCORE

IN PART 2, HOW MANY ANSWERS FALL WITHIN THE GREY BOX?

Part 3

Does the driver own, lease, rent or otherwise pay for 80% (in dollars/month) or more of the assets required to drive the taxi?

Y

N

If no, skip to next section.

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

- the taxi-plate licence?

Y

N

- the vehicle?

Y

N

- the taxi equipment (meter, radio, computer, crystals, etc.)?

Y

N

- maintenance and repairs to the vehicle?

Y

N

- vehicle (taxi) insurance?

Y

N

- dispatching fees?

Y

N

- fuel?

Y

N

- oil?

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% of these payments made to the company or to an agency selected by the company? (Please circle items that are purchased from the company or an agency controlled or selected by the company.)

Y

N

Does the company have the right to make decisions that would affect 20% (in dollars/month) or more of these payments?

Y

N

PART 3 SCORE

IN PART 3, HOW MANY ANSWERS FALL WITHIN THE GREY BOX?

Part 4

Working for More Than One Company at a Time

Does the driver work for more than one company at a time?

N

Y

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

Continuing Relationship

Is the working arrangement with the driver generally considered continuous?

Y

N

Hiring, Supervising & Paying Assistants

Does the driver employ full-time or part-time assistants on a regular basis to operate the taxi cab?

Y

N

(If no, skip to next section)

If the driver hires/supervises and pays workers, does he/she do so at the direction or approval of the company?

Y

N

Can the company direct and/or discipline persons that the driver hires?

Y

N

Of the 3 answers in this section, 2 or more are:

Y

N

Right to Terminate

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

Y

N

Union Agreement

Is the driver's relationship with the company governed by the terms of a union agreement?

Y

N

Status with Canada Revenue Agency

Has Canada Revenue Agency made an official ruling that the individual is independent? (This is done using the "Request for a ruling as to the status of a worker under the Canada Pension Plan or Employment Insurance Act" form.)

N

Y

If yes, please include a copy of this decision

Payment by Hour, Week or Month

Is the driver usually paid by the company?

Y

N

PART 4 SCORE

IN PART 4, HOW MANY ANSWERS FALL WITHIN THE GREY BOX?

Part 5

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

Y

N

In **Part 3**, do 3 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 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 response indicate that the individual is an **independent operator**, the individual:

- must submit the questionnaire and applicable supporting documents to the Workplace Safety & Insurance Board, Employer Service Centre, 200 Front St. West, Toronto, Ontario M5V 3J1 for confirmation.
- 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 company(ies))

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 reserve 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	
Address					
		Postal Code	Telephone Number	FAX Number	

Company(ies) Name(s)	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.

Does the owner-operator have a previous or current WSIB account number?

Y

N

If yes, please state the account number.

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	Signature (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* (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)
------------------	-----------------------	--------------------

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			