

Objective:

To bring operations under Schedule 1 of the Workplace Safety and Insurance Act (the Act)

The person signing below is applying to the Workplace Safety and Insurance Board (WSIB), under Section 74 of the Act, to have:

.....
.....
(Name of operation and description)

being carried on at

.....
.....
(Address; if at various points in the province, please specify "anywhere in Ontario")

added to Schedule 1 of the Act.

Dated

Day of

20

I understand that, by acquiring voluntary coverage, the employer's legal rights and liabilities concerning a work-related accident or occupational disease will change.

.....
.....
(Legal Name of Employer, and address:)

The following declaration must be completed before WSIB insurance coverage is in effect for your company.

Please note: stuntpeople and actors who perform their own stunts are NOT eligible for WSIB insurance coverage.

I opt to **exclude ALL** actors and performers from WSIB insurance coverage.

Yes

No

.....
.....
(Name and Signature of Employer or Authorized Officer)

.....
.....
(Title)

Acceptance of this application is conditional on the company agreeing to adhere to the WSIB's policies and all requirements of the Act and its Regulations.

Employer by Application

Please only use this form if:

- WSIB coverage isn't required for your business, but you wish to apply to have WSIB coverage for your workers
- You have already provided your registration details to the WSIB, and we have confirmed that you are eligible for by application coverage.
- If you haven't provided your registration details yet, you'll need to do so before filling out this form. You can do this online using our eRegistration service, or you can call us at 416-344-1000 or toll-free 1-800-387-0750 (TTY: 1-800-387-0050)

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