

**Complete the determining worker/independent operator status - trucking industry 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 - trucking industry questionnaire signed by you (the owner-operator) and the company with whom you currently have a contract (the principal)
2. A copy of the license plate and vehicle portion of the ownership
3. A copy of your business registration or certificate/articles of incorporation
4. If applicable, a copy of your vehicle lease or rental agreement

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

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

**Email:** [employeraccounts@wsib.on.ca](mailto:employeraccounts@wsib.on.ca)

**Mail:** 200 Front St W., 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.

**Reminders:**

- When completing the questionnaire, you are considered the owner-operator and the company with whom you are in a contract with is considered the principal
- Make sure to send the WSIB the signed questionnaire and supporting documentation
- Individuals who have been determined to be independent operators by the WSIB can apply for optional insurance

Contact [accessibility@wsib.on.ca](mailto: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 | **Fax:** 1-888-313-7373 | [wsib.ca](http://wsib.ca)

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**Who should complete this questionnaire?**

- owner-operators
- the principal that hired them or their respective representatives

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

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

**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.

**Principal** is the company, carrier or shipper that hires you to transport goods.

**Part 1**

What services does the owner-operator provide for the principal? (Describe the equipment).

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

yes

no

If yes, please provide the account number.

**Part 2**

Owner-operators will be treated as independent operators, for workplace safety and insurance purposes only, when the work relationship contains all the following features:

- a) The owner-operator pays for the truck and a majority of the equipment or other related property (such as payments for gas, maintenance of the truck, licence and storage) and is not required to finance the truck and equipment/related property through company sources.
- b) The owner-operator has the right to exercise a choice in selecting and operating the vehicle and has market mobility in that they have discretion to enter into contracts of any duration to transport goods and maximize profits.
- c) The principal does not have the right to control where or from whom products/services are purchased by the owner-operator (however, this does not preclude the owner-operator from exercising their option to purchase products/services from the company). Also, the principal does not have the right to exercise control over the owner-operator's operations except to the extent that loads are offered, and destinations and delivery schedules are established by the principal's contract with the shipper and except for the joint responsibilities set out in federal and provincial licensing and related statutes.
- d) The principal and the owner-operator state that the relationship is one of a contract for service and not that of employer and employee.
- e) The principal does not issue a Canada Revenue Agency T4, T4A or make statutory deductions for E.I. and/or C.P.P.

To the best of my knowledge, information and belief, the work relationship contains all the features stated above.

I/we understand that the WSIB reserves the right to verify that the work relationship contains all the features stated above. If the work relationship does not have all of these features, the WSIB may 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 WSIA, and may be used to register/determine your status for coverage and to administer and enforce the WSIA. If you have any questions, please call 1-800-387-0750.

Owner-operator's name	Signature	Date (dd/mmm/yyyy)
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Street address

City	Province	Postal code	Telephone
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Principal 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 which is enclosed, to the WSIB. Optional insurance becomes effective on the date the signed request for optional insurance is received by the WSIB.

I, \_\_\_\_\_ request optional insurance as an independent operator in my own WSIB account.

I have completed the attached optional insurance request form                                                  yes                          no

**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 or illness occur, I will not be eligible for any WSIB benefits.

Applicant's signature	Date (dd/mm/yyyy)
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