

**Complete the Determining worker/independent operator status – taxi 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 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](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.

**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](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

**Who should complete this questionnaire?**

- individual driving the 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.

**The individual and the company can also submit separate questionnaires if:**

- they disagree with the answers to some or all of the questions
- the individual wishes to submit the financial information in confidence

**Key terms**

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

**Independent operators** may elect to be considered and covered as “workers” under the WSIA. If they want insurance, they must pay their own premiums.

**Company** is the fleet owner, dispatcher, garage, roof sign owner or any business that they own or control.

**Part 1**

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.	yes	no
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Does the driver 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](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

<b>Part 2</b>			
Is the driver required to obey company rules? (i.e. maintaining the appearance of the vehicle and safety practices)	yes	no	
<b>Set hours of work</b>			
Are there set hours when the driver is restricted from driving the taxi? For example, the company requires the vehicle to be returned at the end of a shift.	yes	no	
<b>Service to public</b>			
Does the driver do any of the following:			
• drive a vehicle that has the company's name, logo or colours?	yes	no	
• provide receipts (including credit card) that bear the company's name, logo or colours?	yes	no	
• wear a uniform that bears the company's name, logo or colours?	yes	no	
Does the company make contributions for CPP or income tax deductions on behalf of the driver?	yes	no	
Have you answered "yes" to two or more of the four questions in this section?	yes	no	
<b>Licences</b>			
Does the company hold the title to the taxi-plate licence?	yes	no	
Does the driver lease the taxi-plate licence from the company?	yes	no	
Have you answered "yes" to one or more of the two questions in this section?			yes no
<b>Services rendered personally</b>			
Does the driver need the company's approval to hire someone else to drive the taxi?	yes	no	
Are the driver's vacations taken upon mutual agreement with the company?	yes	no	
Is the driver required to report to the company or dispatcher upon completion of each shift?	yes	no	
Of the three answers in this section, two or more are:			yes no
<b>Training and supervision</b>			
Did the company train the driver to operate the taxi?	yes	no	
Can the company or the dispatcher fine, suspend, withhold calls or otherwise discipline the driver?	yes	no	
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?	yes	no	
Of the three answers in this section, two or more are:			yes no

**Order or sequence**

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

yes

no

**In Part 2, how many answers fall within the grey box?**

**Part 3**

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

yes

no

If no, skip to next section.

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

- |   |     |    |
|---|-----|----|
| • the taxi-plate licence                                      | yes | no |
| • the vehicle   | yes | no |
| • the taxi equipment (meter, radio, computer, crystals, etc.) | yes | no |
| • maintenance and repairs to the vehicle                      | yes | no |
| • vehicle (taxi) insurance                                    | yes | no |
| • dispatching fees  | yes | no |
| • fuel  | yes | no |
| • oil   | yes | no |

Please state the approximate value or cost (in dollars/month) beside each of the above items.

Individuals may submit separate questionnaires if they wish to submit this information in confidence.

Are more than 20 per cent 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.)

yes

no

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

yes

no

**In Part 3, How many answers fall within the grey box?**

Part 4		
Does the driver work for more than one company at a time?	no	yes
<b>Continuing need for service</b>		
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
<b>Continuing relationship</b>		
Is the working arrangement with the driver generally considered continuous?	yes	no
<b>Hiring, supervising and paying assistants</b>		
Does the driver employ full-time or part-time assistants on a regular basis to operate the taxi cab?	yes	no
(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?	yes	no
Can the company direct and/or discipline persons that the driver hires?	yes	no
Of the 3 answers in this section, 2 or more are:	yes	no
<b>Right to terminate</b>		
Can the driver or the company end the relationship at any time without legal penalty for breach of contract?	yes	no
<b>Union agreement</b>		
Is the driver's relationship with the company governed by the terms of a union agreement?	yes	no
<b>Status with Canada Revenue Agency</b>		
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.)	no	yes
If yes, please include a copy of this decision		
<b>Payment by hour, week or month</b>		
Is the driver usually paid by the company?	yes	no
<b>In Part 4, How many answers fall within the grey box?</b>		

**Part 5**

In **Part 2**, do four or more answers fall in the box? yes      no

In **Part 3**, do three answers fall in the box? yes      no

In **Part 4**, do five or more answers fall in the box? yes      no

If the answer in this box is “no” two or more times, the individual is a **worker** under WSIA.

If the answer in this box is “yes” two or more times, the individual is an **independent operator** under WSIA.

**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 (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, they 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.