

**Complete the determining worker/independent operator status – retail 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 the 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?**

- individuals who operate retail stores or booths within a department or a grocery store
- the company (or their respective representative)

After completing the questionnaire, if the responses indicate that the individual is an independent operator, the individual 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 may submit separate questionnaires if:**

- they disagree with the answers to some or all of the questions
- the individual wishes to submit the financial information, required to support answers in part 3, in confidence

**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.

**Company** is the business that hires the individual to operate the retail outlet.

**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 individual 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.

**Part 2**

Please place a checkmark (✓) beneath the statement that best describes the work relationship for each heading.

Column A	Column B
<p><b>Instructions</b></p> <p>The individual complies with the instructions from the company about how, when and where to operate the store/booth.</p>	<p>The individual operates the store/booth in their own way and on their own work schedule.</p>
<p><b>Order or sequence set</b></p> <p>Apart from operating the store/booth, the individual does other work for the company and in the order or sequence set by the company. For example, the individual reports to the company's office and performs tasks at set times.</p>	<p>The individual works on their own schedule, usually at their own place of business and sets his/her own deadlines.</p>
<p><b>Training/supervision/discipline</b></p> <p>The individual is trained or supervised by an experienced employee of the company or is required to follow ongoing directions from the company about how to do the work.</p>	<p>The individual uses their own methods to do the work and receives no training from the company.</p>
<p><b>Set hours of work</b></p> <p>The individual is required to be at the store/booth at hours and on days that are set by the company.</p>	<p>The individual is not expected to follow the company's instructions about the hours of work.</p>
<p><b>Services rendered personally</b></p> <p>The individual does not need the company's consent to hire others to operate the store/booth.</p>	<p>The individual needs the company's approval to hire others to operate the store/booth.</p>
<p><b>Full time required</b></p> <p>The individual is required to devote their full time to the operations of the store/booth; that is, the individual is restricted from working for other companies while working for the store/booth.</p>	<p>The individual is free to work when and for whom they choose.</p>
<p><b>Serving the general public</b></p> <p>The individual does not make their services available to the general public except on behalf of the company. The individual collects and pays GST and other applicable taxes on behalf of the company. The individual invoices or provides receipts to customers on behalf of the company. EI, CPP, income tax etc., are deducted from their earnings.</p>	<p>The individual invoices customers directly. Their business is listed in business directories. They maintain a business telephone and publicly advertises their services in the newspaper, or other trade publications. They file GST returns and pays other applicable taxes directly. EI, CPP, income tax etc., are not deducted from their earnings.</p>

Please state how many boxes in Part 2 you marked in:

Column A

Column B

**Part 3**

Please refer to the answers in lists A and B on the following pages, when making the selection for this item.

Column A	Column B
<p><b>Profit or loss</b></p> <p>The decisions (from list B) that the <b>company</b> makes about how, when and where to operate the store or booth, have a greater impact on the individual's opportunity to make a profit or suffer a loss than do the decisions that they are permitted to make.</p>	<p>The decision (from list B) that the <b>individual</b> makes about how, when and where to operate that store or booth have a greater impact on their opportunity to make a profit or suffer a loss than do the decisions that are made by the company.</p>

**List A : Please indicate what costs are incurred in doing the work, who pays for these expenses and how.**

Costs	The company pays for these items		The individual pays for these items through an arrangement with the company		The individual pays for these items on their own	
		Value		Value		Value
purchase/lease/rent the building						
purchase/lease/rent equipment and tools						
maintenance and repair of equipment						
insurance						
applicable licensing fees						
personnel costs						
goods to sell						
others (please specify)						
<b>Total value of items in each column</b>	<b>\$</b>		<b>\$</b>		<b>\$</b>	

**Part 3 (continued)**

**List B : Please indicate who makes the following decisions and rank the impact of these decisions on the individual's earnings. One represents the highest impact on the individual's earnings and ten the lowest impact on individual's earnings.**

<b>Decision</b>	The <b>company</b> makes or has the right to make decisions about:	<b>OR:</b> The <b>individual</b> makes or has the right to make decisions about:	<b>Rank</b> the impact of these decisions on the individual's earnings
location of store/booth			
equipment to use			
arrangement of store/booth			
what and how many goods to purchase			
selling price of goods			
inventory			
selection and retention of personnel			
advertising			
customer service and satisfaction			
others (please specify)			

Part 4	
Please place a checkmark (✓) beneath the statement that best describes the work relationship for each heading.	
Column A	Column B
<p><b>Working for more than one company at a time</b> The individual usually works for one company at a time.</p>	<p>The individual works for more than one company at a time.</p>
<p><b>Licences</b> The company holds the licences that are required to operate the store/booth.</p>	<p>The individual holds the licences that are required to operate the store/booth.</p>
<p><b>Continuing relationship</b> The individual works for the same company continuously (year after year).</p>	<p>There is no continuous relationship between the individual and the company.</p>
<p><b>Hiring, supervising and paying assistants</b> If the individual hires, supervises and pays employees, this is done at the direction of the company. The individual acts as a supervisor or representative of the company.</p>	<p>If employees are hired, supervised, trained and paid, this is done as the result of a contract under which the individual has agreed to provide materials and labour and is responsible for the results.</p>
<p><b>Right to terminate</b> The work relationship can end at any time and neither the company nor the individual is subject to legal penalties for breach of contract.</p>	<p>The individual agrees to complete a specific job and is responsible for the satisfactory completion or may be subject to legal penalties for breach of contract.</p>
<p><b>Union agreement</b> The relationship is governed by the terms of a collective agreement.</p>	<p>The relationship is not governed by the terms of a collective agreement.</p>
<p><b>Ruling by Canada Revenue Agency</b> Canada Revenue Agency has made an official ruling that the individual is an <b>employee</b>.</p> <p>OR</p> <p>Canada Revenue Agency has not ruled on the individual's status.</p>	<p>Canada Revenue Agency Taxation has made an official ruling that the individual is an <b>independent operator</b>.</p> <p>OR</p> <p>This is done using the form entitled "Request for a ruling as to the status of a worker under the Canada Pension Plan or Employment Insurance Act". <b>Please provide a copy of this ruling.</b></p>
<p><b>Doing work on company's premises</b> The individual works on premises that are owned or controlled by the company.</p>	<p>The individual is responsible for finding suitable premises from which to operate the store.</p>
<p><b>Manner of payment</b> The individual is paid by the company in regular amounts and at regular intervals.</p>	<p>The individual is paid on a straight commission.</p>

Please state how many boxes in Part 4 you marked in:

Column A

Column B

**Part 5**

In **Part 2**, four or more boxes are marked in column  (A or B)

In **Part 3**, the mark is placed in the box in column  (A or B)

In **Part 4**, five or more boxes are marked in column  (A or B)

If the answer is "A" two or more times in this box, the individual is a **worker** under the WSIA.

If the answer is "B" two or more times in this box, the individual is an **independent operator** under the 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, the independent operator 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.