

Complete the determining worker/independent operator status – general 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

Mail: 200 Front Street West, 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 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

1158A (10/20)

Who should complete this questionnaire?

- individuals who believe they may be independent operators
- the hiring company or their respective representatives

After completing part 2 of this questionnaire, if the responses indicate that the individual is an independent operator, the individual and the company must sign the questionnaire on page 2 to verify that the statements 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, required to support the answers in part 3, to the WSIB information in confidence

We will review your response and notify both the individual and company of our decision in writing.

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 principal or the business that hires the individual.

Part 1

What service does the individual provide for the company?

What is the company’s main business?

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 if you require this communication in an alternative format.

Part 2		
Instructions		
Does the individual follow instructions about when, where, and how the work is to be performed?	yes	no
Does the individual provide only the type of work which is stated in the contract?	yes	no
Training and supervision		
Is the individual trained by an experienced employee of the company?	yes	no
Is the individual's work supervised by an experienced employee of the company?	yes	no
Is the individual required to take correspondence or other courses?	yes	no
Is the individual required to attend meetings and follow specific instructions which indicate that the company wants the services performed in a particular manner?	yes	no
Services rendered personally		
Does the individual need the company's approval to hire others to do the work?	yes	no
Hours of work		
Are the hours and days of work set by the company?	yes	no
Does the individual decide his or her hours of work?	yes	no
Does the individual decide his or her vacation time?	yes	no
Does the individual work the same hours as others who perform similar work for the company?	yes	no
Full-time required		
Is the individual required to devote full-time to the business of the company?	yes	no
Is the individual restricted from doing work for other companies in the same industry?	yes	no
Order or sequence of work		
Does the individual perform services in the order or sequence set by the company?	yes	no
Does the individual report to the company's office at specified times, follow up on leads and perform tasks at set times?	yes	no
Is the individual's work coordinated with the work of others employed by the company?	yes	no
Manner of payment		
Is the individual paid by the company in regular amounts at stated intervals?	yes	no
Does the company decide the amount and manner of payment?	yes	no
Does the individual receive payment for overtime or for statutory holidays?	yes	no
Does the individual receive a T4 income tax slip from the company?	yes	no
Is the individual paid according to a standard pay or rate scale?	yes	no

Licenses		
Does the company hold the licenses (if required) to do the work?	yes	no
Serving the public		
Does the individual make their services available on behalf of or as a representative of the company?	yes	no
Does the individual do work for the company's customers?	yes	no
Does the individual invoice customers on the company's behalf?	yes	no
Does the individual file GST returns?	yes	no
Does the individual invoice the company for materials used to complete the work?	yes	no
Does the individual take responsibility for warranty work?	yes	no
Does the individual wear a uniform which has the company's name, colours or logo on it?	yes	no
Does the individual advertise by using business cards, signage, etc.?	yes	no
Is the individual registered as a business with the Ministry of Government Services?	yes	no
Collective agreement		
Is the relationship governed by the terms of a collective or union agreement?	yes	no

Part 3		
<p>What assets are required to do this work (assets include labour, materials, tools and equipment)? Beside each of the assets listed, please state the approximate value of each item or its cost in dollars per month.</p> 		
Does the individual own 80 per cent or more of the equipment necessary to do the work? (i.e., business vehicle, tools, computer, etc.)	yes	no
<p>What costs are incurred in doing the work, including costs of the acquisition, maintenance, operation and repair of assets, financing and loan arrangements with respect to the work and licensing and insurance fees?</p> 		
<p>Who pays for these expenses, the company or the individual?</p> 		

Part 3 (continued)

If the individual pays for these expenses, is the individual required to purchase any items, directly or indirectly, for the company or through an arrangement with the company?

Part 4

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)?

yes no

Hiring, supervising and paying assistants

Does the individual hire, supervise and pay workers at the direction of the company (act as a supervisor or representative of the company)?

yes no

If helpers are needed:

Can the company hire, discipline or fire these helpers? yes no

Does the individual pay the helpers directly? yes no

Continuing relationship

Does the individual work for the same company continuously? yes no

Doing work on company premises

Does the company own or control the site where the work is performed? yes no

Oral and written reports

Is the individual required to submit regular oral or written reports to the company? yes no

Right to terminate

Can the individual end his or her relationship with the company at any time? yes no

If the individual's work is unsatisfactory, who is required to correct it?

If there is additional work to be done to correct or improve a job, is the individual required to accept these costs or any other losses due to poor workmanship? yes no

Working for more than one firm at a time

Is the individual engaged in work for more than one company at the same time? yes no

Is the individual prohibited by a contract with the company from doing work for others? yes no

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 reverse 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.