

**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.

**Reminders:**

- 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

Does the driver have a previous or current WSIB account number?

yes      no

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 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 that 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>		<input type="text"/>

**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.

Please complete this section in full except where there is preprinted information.	
Account number	Firm number
Date	
WSIB contact information 416-344-1000 1-800-387-0750	

If you are **requesting** optional insurance or **changing** the amount of existing optional insurance, please:

- complete sections **A** and **B** for new requests or **A** and **C** for changes
- provide proof of earnings (see below)
- have the applicant review and sign the optional insurance declaration (attached)
- have the owner’s certification completed and signed (attached)

Individuals who are canceling their optional coverage must complete section **D**, or forward their request in writing to their local WSIB office. The WSIB accepts the following documents as **proof of earnings**, issued by the owner or authorized officer responsible for this account.

**For executive officers**

- T4s and T4As or any other document submitted to Canada Revenue Agency (CRA) to report earnings

**For independent operators, sole proprietors and partners**

- Audited financial statements prepared by a professionally designated accountant
- Income tax returns with supportive income statements (T1, T2125, T2032, etc.) or other documents submitted to CRA to report business income
- If the applicant’s company has been in business for less than one year, the amount of coverage for premium and benefit purposes is set at 1/3 of the annual maximum insurable earnings
- If the applicant’s company has been in business for more than one year, the amount of coverage for premium and benefit purposes must accurately reflect the applicant’s actual annual earnings, as supported by documents listed above
- Coverage will not be provided if your operation shows a net business loss
- Loss of earnings benefits are not paid if your operation shows a **net business loss**, despite active optional insurance

If the level of earnings cannot be substantiated, the WSIB may deny the request for optional insurance.

The WSIB may deny coverage (or coverage renewal) or cancel coverage in the absence of acceptable proof of earnings.

Any change to the amount of optional insurance will take effect on the date the signed request and satisfactory proof of earnings are received by the WSIB. The WSIB may require prepayment for optional insurance premiums.

If the applicant is paid benefits at an amount that is lower than the amount of optional insurance, the amount of optional insurance will not be retroactively adjusted.

If you have any questions or require more information, please call the WSIB at the telephone number listed at the top of this form.

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

Section A			
First name		Middle name	Last name
Date of birth (dd/mmm/yyyy)		Title/position with company	
Home address (This address must be a physical address, not a box number or general delivery)			City
Province	Postal code	Telephone	Date business commenced (dd/mmm/yyyy)

Section B. Complete if requesting new optional insurance		
Amount of coverage requested	Today's date (dd/mmm/yyyy)	Applicant's signature

Section C. Complete if requesting a change in the amount of existing optional insurance		
Revised coverage amount requested	Today's date (dd/mmm/yyyy)	Applicant's signature

Section D. Complete if canceling existing optional insurance					
Name	Today's date	Signature	Name	Today's date	Signature

### Optional insurance declaration

Please read the following information carefully. It explains how optional insurance changes your status under the *Workplace Safety & Insurance Act (the Act)*.

I understand that:

1. Owners, partners, executive officers and independent operators are not automatically entitled to benefits under the Act, unless they are included in mandatory coverage in the construction industry.
2. I am voluntarily requesting to be considered a worker by the WSIB by applying for optional insurance as I am exempt from WSIB mandatory coverage.
3. I must have optional insurance for a minimum of three consecutive months.
4. With optional insurance, I am entitled to all benefits due to a worker.
5. I am giving up my right to sue workers and businesses whose industries are covered under Schedule 1 of the Act for damages sustained in a workplace injury.
6. I must send the WSIB proof of earnings when first requesting optional insurance.
7. If my earnings level changes, I must send the WSIB a signed request to revise the amount of insurance coverage, along with proof of earnings.
8. The WSIB may deny my request for coverage if I do not provide proof of earnings.
9. The WSIB may request proof of earnings at any time.



10. The WSIB may adjust the amount of optional insurance that I request.
11. My optional insurance will continue beyond the minimum three months until either the WSIB or I cancel the insurance.
12. If I have a workplace injury, my optional insurance will remain in effect until I notify the WSIB, in writing, that I wish to cancel it or that my status has changed to mandatorily covered.
13. If I have a workplace injury, my earnings at the time of my injury will be compared to the amount of my optional insurance. The WSIB will base benefits on whichever is the lower amount - my earnings or my optional insurance coverage.
14. If I am paid benefits at an amount that is lower than the amount of my optional insurance, the amount of my optional insurance will not be retroactively adjusted.
15. The WSIB may cancel or deny renewal of my optional insurance if the business paying for it has amounts owing, or the WSIB determines I am mandatorily covered under the Act. If any premium is owing on my optional insurance, the amount of the unpaid premium may be deducted from my benefits.
16. The effective date for new optional insurance requests, changes to or cancellations of optional insurance will either be the date that the completed optional insurance request/change form is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am mandatorily covered, the effective date of changes to, or cancellation of, my optional insurance may be made retroactively.

Applicant's name	Applicant's signature	Date (dd/mmm/yyyy)
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### Owner's certification

**I hereby certify that I am an owner (or authorized officer) responsible for this account. I also certify that the amount of optional insurance requested accurately represents the earnings of the applicant.**

**I acknowledge that the accident costs associated with any work-related injuries for the applicant will be applied to the accident record for this account.**

**Personal information on this form is collected under the authority of the Act, 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.**

Name of owner or authorized officer	Title	
Signature	Telephone	Date completed (dd/mmm/yyyy)

For office use only:			
WSIB representative	Date (dd/mmm/yyyy)	Amount coverage \$	Effective date (dd/mmm/yyyy)
<input type="checkbox"/> Proof of earnings received	<input type="checkbox"/> Actual earnings used		
<input type="checkbox"/> Proof of eligibility received	<input type="checkbox"/> 1/3 of maximum insurable earnings used		