

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

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.

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 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 representatives

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 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 individual have a previous or current WSIB account number?

yes no

If yes, please provide this number.

Contact 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
Instructions The individual complies with the instructions from the company about how, when and where to operate the store/booth.	The individual operates the store/booth in their own way and on their own work schedule.
Order or sequence set 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.	The individual works on their own schedule, usually at their own place of business and sets his/her own deadlines.
Training/supervision/discipline 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.	The individual uses their own methods to do the work and receives no training from the company.
Set hours of work The individual is required to be at the store/booth at hours and on days that are set by the company.	The individual is not expected to follow the company's instructions about the hours of work.
Services rendered personally The individual does not need the company's consent to hire others to operate the store/booth.	The individual needs the company's approval to hire others to operate the store/booth.
Full time required 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.	The individual is free to work when and for whom they choose.
Serving the general public 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.	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.

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
Profit or loss The decisions (from list B) that the company 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.	The decision (from list B) that the individual 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.

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	
purchase/lease/rent the building		Value		Value		Value
purchase/lease/rent equipment and tools						
maintenance and repair of equipment						
insurance						
applicable licensing fees						
personnel costs						
goods to sell						
others (please specify)						
Total value of items in each column	\$		\$		\$	

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 earnings and ten the lowest impact on individual earnings.

Decision	The company makes or has the right to make decisions about:	OR: The individual makes or has the right to make decisions about:	Rank 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
Working for more than one company at a time The individual usually works for one company at a time.	The individual works for more than one company at a time.
Licences The company holds the licences that are required to operate the store/booth.	The individual holds the licences that are required to operate the store/booth.
Continuing relationship The individual works for the same company continuously (year after year).	There is no continuous relationship between the individual and the company.
Hiring, supervising and paying assistants 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.	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.
Right to terminate The work relationship can end at any time and neither the company nor the individual is subject to legal penalties for breach of contract.	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.
Union agreement The relationship is governed by the terms of a collective agreement.	The relationship is not governed by the terms of a collective agreement.
Ruling by Canada Revenue Agency Canada Revenue Agency has made an official ruling that the individual is an employee . OR Canada Revenue Agency has not ruled on the individual's status.	Canada Revenue Agency Taxation has made an official ruling that the individual is an independent operator . OR 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". Please provide a copy of this ruling.
Doing work on company's premises The individual works on premises that are owned or controlled by the company.	The individual is responsible for finding suitable premises from which to operate the store.
Manner of payment The individual is paid by the company in regular amounts and at regular intervals.	The individual is paid on a straight commission.

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)

Address

City

Province

Postal code

Telephone

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.

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 if you require this communication in an alternative format.

Section A

First name		Middle name	Last name
Date of birth (dd/mm/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/mm/yyyy)

Section B. Complete if requesting new optional insurance

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

Revised coverage amount requested	Today's date (dd/mm/yyyy)	Applicant's signature
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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	