



Workplace Safety &
Insurance Board

200 Front Street West
Toronto ON M5V 3J1

Commission de la sécurité
professionnelle et de l'assurance
contre les accidents du travail

200, rue Front Ouest
Toronto ON M5V 3J1

Thank you for your request to open an account with the Workplace Safety and Insurance Board (WSIB).

- If you are:**
- **Employing any full or part-time help, and**
 - **Engaging sub-contractors,**

Send the following to the WSIB:

1. A copy of your Business Registration.
2. Revenue Canada Employer Number.
3. A copy of the GST Number Registration
4. Proof of payroll (copies of T-4's or cancelled cheques for work performed).
5. The date that help was first employed.
6. A complete description of your business activity (include any brochures or promotional materials, if available).
7. Insurable earnings for all prior years.
8. An estimate of the current years insurable earnings.

- If you are:**
- **Not employing full or part-time help, or**
 - **Would like an account established for optional insurance, and**
 - **Have been asked to show proof of WSIB coverage by the company or companies with which you currently have a contract,**

Send the following to the WSIB:

1. A completed contractors questionnaire (enclosed)

Reminders:

- When completing the questionnaire, you are the Individual and the company with whom you currently have a contract is the Principal.
- Both the Individual and the Principal must sign the questionnaire, otherwise, your status under the Workplace Safety and Insurance Act cannot be determined and the questionnaire will be returned to you.
- Optional Insurance is an *option* for Individuals who have been ruled to be Independent Operators by the WSIB.

2. A copy of your Business Registration
3. A copy of your GST Number Registration
4. Copies of 3 - 5 recent invoices/contracts with various Principals indicating that you do not work solely for one Principal.
5. Copies of any recent purchase orders for materials that you supply as part of your contract.
6. If Optional Insurance is requested, the annual amount must be the same as your actual earnings.
7. Proof of earnings that substantiates the annual amount of optional insurance requested, i.e., copies of T-1, T-2124, T-4, T-4A, income tax return with supporting income statement, etc.

Reminders:

- If you cannot substantiate the amount of optional insurance requested, it may be denied or set at an appropriate amount.
- There is a minimum period of three (3) months for which optional insurance is billed.

Please mail or transmit your completed questionnaire(s), returns, correspondence and enclosures to the WSIB Small Business office in your area. If you require more information or further assistance, you may call your local WSIB Small Business Office.

Introduction

Your responses below will indicate whether the individual is an independent operator or a worker under the Workplace Safety & Insurance Act (the Act).

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

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

Principal means the company that hires the individual to cut or prepare logs.

Who should complete this questionnaire?

- Persons who cut logs or operate equipment in woodland operations
- the principal (or their respective representative).

After completing the questionnaire, if the responses indicate that the individual is an independent operator, the individual and the principal must sign the declaration at the end of the questionnaire to verify that the answers accurately reflect the work relationship and submit the questionnaire to the Workplace Safety & Insurance Board, Operations, 200 Front St. West, Toronto, Ontario M5V 3J1 (or the local WSIB office) for confirmation.

The individual and the company may submit separate questionnaires if:

- they disagree about the answers to some or all of the questions or
- the individual wishes to submit the financial information, required to support the answers in **Part 3**, to the WSIB in confidence.

Part 1

Please fill in the blanks or check the appropriate box.

Please describe the work that the individual does.

Please state what equipment and vehicles the individual owns, rents or leases to work in woodland operations.

Are the terms of the work relationship stated in a written contract?
If yes, please include a copy of the contract.

Y

N

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

Y

N

If yes, please state the account number.

Part 2

Please place an "X" in the boxes beneath the statement, from each pair of statements below, which **best describes** your work relationship.

Column A

Column B

Instructions

The principal decides what type and size of timber the individual will cut (beyond the conditions set by the licence).

The individual decides on his/her own what type and size of timber to cut.

Order of Work

The individual is required to follow the same safe working practices and procedures as those prescribed by the principal for other workers.

The individual is not required to follow the principal's rules about safe working practices.

Licences

To cut in the area that the individual works in, the principal has:

- _____ A sustainable forest licence
- _____ A forest resource licence
- _____ An overlapping licence
- _____ A salvage licence

To cut in the area that the individual works in, he/she has:

- _____ A forest resource licence
- _____ An overlapping licence
- _____ A salvage licence

Union agreement

The relationship with the principal is governed by the terms of a collective or union agreement.

The relationship with the principal is not governed by the terms of a collective or union agreement.

Ruling by Revenue Canada

Revenue Canada has made an official ruling that the individual is an employee.

Revenue Canada Taxation has ruled that the individual is independent. This is done using the form entitled "Request for a ruling as to the status of a worker under the Canada Pension Plan or Unemployment Insurance Act". Please include a copy of this ruling.

OR

Revenue Canada has not ruled on the individual's status.

Method of Payment

The principal decides how much to pay the individual for the work or the individual is paid according to a standard pay or rate scale (for the type of equipment and services supplied.)

The individual negotiates the amount and manner in which to be paid by the principal and is not paid according to a standard pay or rate scale.

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 & B on the following pages, when making the selection for this item.

| Column A | Column B |
|--|---|
| <p>Profit or Loss</p> <p>The individual pays for less than 80% (in dollars per month) of the items that are used in doing the work, <i>OR</i></p> <p>The individual buys 20% (in dollars per month) or more of these items from the principal or an agency controlled or selected by the principal, <i>OR</i></p> <p>The decisions (from list B) that the principal makes has a greater impact on the individual's earnings than the decisions that he/she makes.</p> <p><input type="checkbox"/></p> | <p>The individual pays for 80% (in dollars per month) or more of the items that are used in doing the work, <i>AND</i></p> <p>The individual buys less than 20% (in dollars per month) of these items from the principal or an agency controlled or selected by the principal, <i>AND</i></p> <p>The decisions that the individual makes has a greater impact on his/her earnings than do the decisions that the principal makes.</p> <p><input type="checkbox"/></p> |

LIST A: Please indicate what costs are incurred in doing the work, who pays for these items and the approximate value or cost of each item.

| Items | The principal pays for these items | | The individual buys these items from or pays for those items through an arrangement with the principal | | The individual pays for these items without assistance from the principal | |
|---|------------------------------------|-------|--|-------|---|-------|
| | | Value | | Value | | Value |
| Equipment that is used | | | | | | |
| Equipment insurance | | | | | | |
| Maintenance of equipment | | | | | | |
| Vehicle licensing fees | | | | | | |
| Maintenance of the vehicle | | | | | | |
| Fuel & travelling expenses (e.g. room, board, moving equipment) | | | | | | |
| Supplies (i.e. invoices, telephone) | | | | | | |
| Others (please specify) | | | | | | |
| Total value of items in each column | | | | | | |
| | \$ | | \$ | | \$ | |

LIST B: Please indicate what decisions are made in doing the work, and who makes these decisions, then rank the impact of these decisions on the individual's profit (show 1 for the decision that has the most impact on the individual's profit and 9 for the decision that has the least).

| Decision | The principal makes decisions about: | The individual makes decisions about/negotiates: | Rank the impact of these decisions on the individual's profits (#1 has the most impact on the profit) |
|--|---|---|--|
| Pay for the work | | | |
| Tools to use | | | |
| Equipment to use | | | |
| Maintenance of tools & equipment | | | |
| When to start work | | | |
| Where to work within the principal's licence | | | |
| Whether to hire helpers | | | |
| How much to pay helpers | | | |
| Others (please specify) | | | |

Part 4

Please place an "X" beneath the statement, from each pair of statements below, that best describes the work relationship.

Column A

Column B

Serving General Public

The individual does not make his/her services available to the general public except on behalf of the principal. The individual collects and/or pays GST for the principal or UIC, CPP or income tax are deducted from his/her pay.

The individual can sell the logs to other purchasers for the best price possible. The individual publicly advertises his/her services in the newspaper, or other trade publications; files GST returns on his/her own behalf and no UIC, CPP personally or income tax is deducted from his/her pay.

Services Rendered Personally

The individual needs the principal's approval to hire others to do the work.

The individual does not need the principal's approval to hire others to do the work.

Column A**Column B**

Set Hours of Work

The principal schedules the cutting and skidding or other woodland operations and sets the date on which the woodland operations may begin and the duration of the project.

The individual schedules and does the work in his/her own way.

Full-Time Required

The individual works full-time only for the principal. He/she is restricted from working for other principals once granted a contract.

The individual is free to work when and for whom he/she chooses.

Working for More than One Principal at a Time

The individual usually works for one principal at a time.

The individual works for more than one principal at a time.

Continuing Relationship

The individual works for the same principal continuously (year after year).

There is no continuous relationship between the individual and the principal.

Right to Terminate

The individual or the principal can end the work relationship at any time without penalty for breach of contract.

The individual agrees to complete a specific job and is responsible for its satisfactory completion or would be subject to legal penalties for breach of contract.

Hiring Others

If the individual hires, supervises or pays helpers, he/she does so as directed by the principal.

OR

The principal pays the helpers directly and has the recorded earnings records of the individual's helpers.

The individual files an income tax return claiming the amounts paid to all helpers that he/she hires as expenses against his/her income.

Continuing Need for Service

The combined hours of work of all persons (including the individual) who provides the same type of service that the individual provides for the principal equals 40 hours/month or more (on average in a year).

The combined hours of work of all persons who provides the same type of service that the individual provides for the principal is less than 40 hours/month (on average in a year).

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

Column A

Column B

Part 5

In **Part 2**, 4 or more boxes are marked in column:

A B

In **Part 3**, the box is marked in column:

A B

In **Part 4**, 5 or more boxes are marked in column:

A B

If the answer is "A" 2 or more times in the box above, the individual is a **worker** under the Act.

If the answer is "B" 2 or more times in the box above, the individual is an **independent operator** under the Act.

Applying for Insurance

If the responses indicate that the individual is an **independent operator**, the individual:

- must submit the questionnaire and applicable supporting documents to the Workplace Safety & Insurance Board, Operations, 200 Front St. West, Toronto, Ontario M5V 3J1 (or the local WSIB Office), for confirmation.
- and the principal(s) must sign the declaration below. (If some of the responses vary depending on the principal that the individual does business with, submit more than one completed questionnaire with the signature of the appropriate principal(s)).

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 and 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 contact your Customer Service Representative/Account Manager or call 1-800-387-8638.

| | | |
|----------------------------------|-----------|------|
| Individual's Name (print please) | Signature | Date |
|----------------------------------|-----------|------|

Address _____

| | | | |
|--|-------------|------------------------------|------------------------|
| | Postal Code | Telephone Number () | FAX Number () |
|--|-------------|------------------------------|------------------------|

| Principal(s) Name(s) | Authorizing Name & Signature | Position | WSIB Account Number |
|----------------------|------------------------------|----------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If the WSIB confirms independent operator status, will a WSIB account number or optional insurance be desired?

Y N