

WORKERS' COMPENSATION BOARD

Northwest Territories and Nunavut

Employer's Account Registration

Legal Name or										
Owner(s) name:										
Too da Nama a										
Trade Name: (if applicable)										
(in applicable)										
Mailing Address: Street or P.O. Box				City or town				Province or	Postal Code	
				,				Territory		
Phone number Fax number Fax number If your company is incorporated, please list			Email Contact Person					Person		
	tors: (attach list if requi		If you are a s	sole pro	prietor or partn					
Directors:			Name(s)			Social Ins	urance Nu	mber	Date of Birth	
									YY MM C	DD
									YY MM [
									YY MM [
									YY MM E	
Have you been pr	eviously registered witl	n our Boa	ard?		🗆 Yes 🗆 N	No				
If yes, Account Number:					Company Name:					
Do you currently I	nave other companies	registered	d with our Bo	oard?	🗆 Yes 🗆 🗅	No				
If yes, company n	ame(s):									
Bank Information				Credit References						
Account #	Branch #				Name Tel.:					
Diagon dogariba	in detail your busin	ooo ooti	vition in the	Nort	huroot Torritor	vice and/		<i></i>		
Flease describe	in detail your busin	ess acu						/ut		
ad Office: Box 8888 •	Yellowknife, NT X1A 2R3 •	Telephone	: (867) 920-388		Free: 1-800-661-0)792 • Fax:	(867) 873-4	596 • Toll Free	e Fax 1-866-277-3	3677
	Box 669 • Iqaluit, NU >	(OA OHO •	Telephone: (867	or 7) 979-8	500 • Toll Free: 1-8	877-404-44()7 • Fax: (8	67) 979-8501		
				,	one: (867) 645-560			,		

What major industry does your company support? (e.g.– Mining, Construction)	Where will you be conducting these activities? (Town or Area)							
What are the types of occupations employed? (e.g. – drillers, carpenters)	Approximately how many people will you be employing? (do not include the owners)							
What is your payroll estimate of wages earned in the NWT and/or Nunavut until the end of the current Calendar year?								
(please do not include wages for owners/registered directors or family mem								
Northwest Territories \$	Nunavut \$							
Do you require optional coverage for owners/registered directors/family members (living with the same household with the owners/directors)?								
□ Yes If yes, please complete the request for personal optional coverage form and submit with your registration.								
No If no, the owners/registered directors and family members (living with the owners/directors) will not have coverage and a claim will not be accepted should an accident occur in the NWT/Nunavut.								
Do you have a contract?								
□ Yes If yes, complete the attached request for clearance form and submit with your registration.								
□ No								
Please identify the duration of your business in the NWT/Nunavut:								
□ Ongoing (Permanent) □ Seasonal Approximate Dates:	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $							
One time only	MM DD YY MM DD to to I I							
The Safety Acts of the NWT and Nunavut apply to employers operating in the North. The exception is those who are federally regulated in which case the Canada Labour Code applies.								
Are you covered under: Federal Jurisdiction Territorial Jurisdiction Unknown 								
What is your start date for operating in the Northwest Territories and/or Nun	avut? YY MM DD							
If you pay your assessments by VISA or Mastercard please provide the following information:								
Mastercard	1							
Account #:	Expiry date:							
Card Holder's Signature: Signature	Card Holder's Name:							
Completed by:								
News								
Name Please Print	Signature							
Title Tel.	Fax							

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or

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