

insurance

Protecting employers and workers

In many jurisdictions around the world, workers can sue their employers for damages if they suffer work-related injuries. The damages awarded can be significant and, in some cases, have actually bankrupted successful companies.

That's not the case in British Columbia, thanks to what's known as the historic compromise on which the province's workers' compensation system is founded. In return for giving up the right to sue their employers for work-related injuries and diseases, workers receive no-fault wage loss and medical benefits if they are injured at work.

In return for protection against lawsuits, employers have a legal requirement to register for insurance coverage with WorkSafeBC (the Workers' Compensation Board of B.C.) provide a safe and healthy workplace, and pay insurance premiums to fund the system.

Registering with WorkSafeBC

Virtually all firms that hire workers — whether these workers are full-time, part-time or casual — are required by law to register with WorkSafeBC. This includes incorporated companies that employ only their shareholders and individuals who hire family members to work in their business. B.C. residents who hire contractors to build or renovate their homes, casual help for ongoing services such as gardening or home repairs, or domestic workers to provide in-home services, may, in some cases, also be required to register. Check your registration requirements online at **WorkSafeBC.com**.

Completing this application

Please read the instructions carefully before completing this application. To avoid processing delays, be sure to complete it in full and to sign it before submitting it to WorkSafeBC. Return the completed application by mail, fax, or in person. To save time, you can also complete the application online at **WorkSafeBC.com**. Once we have received the application, we will review it to determine whether the applicant qualifies for registration with WorkSafeBC. The applicant will then receive a letter confirming our decision.

For more information

Please contact our Employer Service Centre, 8:30 a.m. to 4:30 p.m., Monday through Friday.

Phone: 604 244-6181
or toll free: 1 888 922-2768

Fax: 604 244-6490

Mailing address: P.O. Box 5350 Station Terminal
Vancouver BC V6B 5L5

Head office: 6951 Westminster Highway
Richmond, BC V7C 1C6

Regional offices: Check listings at **WorkSafeBC.com**

Web site: **WorkSafeBC.com**. For more information about registration requirements, go to Regulation & Policy and select Assessment Manual

How to complete your application

Section 1 – Business/resident information

Legal name of applicant

Enter the legal name of the firm applying for registration (e.g., the name under which the corporation is incorporated or registered with the Canada Revenue Agency). If the firm is a proprietorship or partnership, enter the full legal name(s) of the proprietor or partners.

CRA Business Number

Enter the first nine digits of the firm's CRA program account, such as a GST/PST number. If the firm does not have a Business Number, the firm can apply for one from BC's OneStop online service at www.bcbusinessregistry.ca.

Business type

The majority of firms are partnerships, proprietorships and limited companies. If the firm applying for registration is a First Nations Band, cooperative, municipality, society, union, government, agency, church, or district, select **other**.

Note: All B.C. workers are automatically covered for workers' compensation. However, proprietors and their spouses, as well as partners in a partnership, are not considered workers unless they have been granted optional coverage. If you are a proprietor or partner and you would like to be covered for workers' compensation, you must apply for Personal Optional Protection. You will find the application form online at **WorkSafeBC.com**.

Section 2 – Business contact information

Enter the firm's contact details, including the physical address, telephone and fax numbers, and e-mail address.

Section 3 – Worker and payroll details

Worker information

Enter the number of workers in the firm, as well as the date the first worker was hired. A worker is anyone who is employed full-time, part-time, casually, or on a contract basis, and who is remunerated by wage, salary, commission, or other means. Workers include those in administration and management, clerical staff, labourers, labour contractors who are

not registered with WorkSafeBC, and active shareholders. If you are registering to cover someone who works in or around your home — such as a babysitter, gardener, or labourer for home repairs — complete this section as well.

Estimate of annual payroll

Payroll includes any means by which workers, family members, shareholders, office staff, and casual labour and administrative personnel are paid. When estimating payroll, be sure to include all forms of remuneration, such as gross payroll earnings, commissions, holiday pay, sick leave pay, leave of absence pay, and management fees. If the firm hires subcontractors who do not have their own WorkSafeBC coverage, also include the amounts paid to them.

Section 4 – Business operations (go directly to section 7 if you are a resident hiring workers in or around your home)

Description

Describe the firm's business operations, including the nature of the goods and/or services provided to customers. For example:

- A convenience store selling miscellaneous groceries to the general public
- An owner-operator providing dump truck services
- A software company that provides consulting services
- A drywall company that works on commercial projects

Major revenue-producing equipment

Revenue-producing equipment includes the major items the firm supplies to complete a contract. Examples include skidders, loaders, backhoes, mobile welding trucks, dump trucks, cars used in the courier industry, and trucks used in the trucking industry. Hand tools and personal crew transportation equipment – cars, pickups, and crummies, for example – do not fall within this definition.

Major materials

These are the primary materials that the firm supplies to complete a contract at a fixed price. Examples include: paint for a painting contract, drywall for a drywall contract, or lumber or concrete for a construction contract. Supplementary materials – like nails and drywall tape – do not fall within this definition.

Section 5 – Previous registration/affiliated firms

Previous registration/affiliated firms

If the firm applying for registration, or a partner or shareholder of the firm, has previously had an account with WorkSafeBC, select **yes** and complete this section.

Firms are affiliated when:

- Directly or indirectly, through one or more intermediaries or other means, one firm controls the other firm, or both firms are controlled by the same person or groups of persons, or

- The firms are controlled by family members — immediate, extended, or equivalent

Affiliated firms are common in many industries: in construction, for example, where a management firm may provide administrative or payroll services to an affiliated company. If the firm applying for registration is affiliated to other firms, list the firms, along with their contact details and WorkSafeBC account numbers.

Section 6 – Trucking and courier industry

If the firm applying for registration operates in the trucking industry or as a courier, describe the firm's business operations and services. Also supply information about vehicles used by the firm and the firm leasing them, if applicable. If the firm works in trucking and drives into other provinces, it may be able to pay its insurance premiums in one province only. For more information, go to **WorkSafeBC.com** and select **Application for alternative assessment procedure for interjurisdictional trucking**.

Section 7 – Residents who hire workers for home services

If you are hiring workers for any of the services listed on the application, please complete this section in full.

Section 8 – Contractors and subcontractors

If the firm applying for registration is a contractor or subcontractor, please complete this section in full.

Section 9 – Corporations and partnerships

Enter the contact details and social insurance numbers of partners or shareholders. If the firm is a corporation, also include the monthly earnings of shareholders who are active in the business. Be sure to include this amount in Section 3 as well.

Note: *All B.C. workers are automatically covered for workers' compensation. However, proprietors and their spouses, as well as partners in a partnership, are not considered workers unless they have been granted optional coverage. If you are a proprietor or partner and you would like to be covered for workers' compensation, you must apply for Personal Optional Protection. You will find the application form online at **WorkSafeBC.com**.*

Section 10 – Certification

This application must be signed by an authorized representative of the firm that is applying for registration. Be sure to include a telephone number in case we need to contact that person for more information.

WorkSafeBC use only
Account number

1. Business/resident information

Legal name of applicant		Canada Revenue Agency Business Number <i>(first nine digits only)</i>	
Trade name <i>(if different from legal name)</i>		Business web site	
Select appropriate business type <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/> Individual employing worker(s) for domestic or in-home care services or for home maintenance/repairs	For proprietorships only Enter the social insurance number of proprietor Social insurance number _____	For corporations/societies only If you operate a corporation, enter incorporation number and date Incorporation number _____ Incorporation date _____ <small>yy/mm/dd</small>	

2. Business contact information

Business mailing address				
Street address		City	Province	Postal code
Business phone number ()	Home phone number ()	Fax number ()	E-mail address	
Physical address or operating location of business <i>(if different from above)</i>				
Street address		City	Province	Postal code

3. Worker and payroll details *(Important: Please see instructions before completing.)*

Do you employ workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of workers	Start date of first worker <small>yy/mm/dd</small>	Estimate of annual payroll for all workers \$
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4. Business operations *(If you are a resident hiring workers in or around your home, please go directly to section 7.)*

Describe your business operations
List the major revenue-producing equipment that your business supplies <i>(please include the year, make, model, and serial number)</i>
List the major materials that your business supplies

5. Previous registration/affiliated firms

List all affiliated firms currently or previously registered (e.g. firms with common ownership or under common control).			
Has this business (or a principal of the business) ever been registered with WorkSafeBC (the WCB) under any name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under what name?	Previous WorkSafeBC account number
Does this business provide services or products to an affiliated company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Name of current affiliated business		WorkSafeBC account number	
Street address	City	Province	Postal code
2. Name of current affiliated business		WorkSafeBC account number	
Street address	City	Province	Postal code

Legal name of employer (please enter the same name that you listed at the top of page 1)

6. For trucking and courier industry only

What type of trucking or courier service do you provide? (e.g. gravel, log hauling, delivery service)	If trucking, do you drive into other provinces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Year and make of your business vehicle registered in your name/your firm's name	
Do you own or lease your vehicle? <input type="checkbox"/> Own <input type="checkbox"/> Lease	If leasing, please enter the name of the firm leasing the vehicle to you

7. For residents who hire workers for services in or around their homes

What type of service will you be receiving in your home? <input type="checkbox"/> Nanny or other caregiver <input type="checkbox"/> Domestic worker, such as a maid <input type="checkbox"/> Construction or repair worker(s) or contractor <input type="checkbox"/> Gardener or landscaper <input type="checkbox"/> Other (please specify)	Will this individual(s) work for you for more than eight hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this individual(s) work on a specific project that will take 24 hours or more? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this individual(s) care for children in your home for 15 or more hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this individual with an agency that is registered with WorkSafeBC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. For contractors/subcontractors only

If you are a contractor, list the businesses/individuals that you are, or will be, hiring on a contract basis. If you are a subcontractor or are self-employed, list the businesses/individuals that you are, or will be, working for.			
1. Name of business or individual	<input type="checkbox"/> I am hiring this business/individual <input type="checkbox"/> I am being hired by this business/individual	Telephone number ()	
Street address	City	Province	Postal code
2. Name of business or individual	<input type="checkbox"/> I am hiring this business/individual <input type="checkbox"/> I am being hired by this business/individual	Telephone number ()	
Street address	City	Province	Postal code

9. For corporations and partnerships only

Enter the contact details of partners or of shareholders who are active in your firm.			
1. Name of shareholder or partner <small>First Middle Last</small>		Telephone number ()	
Street address	City	Province	Postal code
Social insurance number	Shareholder's monthly earnings from company (for incorporations only) \$		
2. Name of shareholder or partner <small>First Middle Last</small>		Telephone number ()	
Street address	City	Province	Postal code
Social insurance number	Shareholder's monthly earnings from company (for incorporations only) \$		

10. Certification

By submitting this form, I certify and declare the following: that I am authorized to make this application on behalf of the firm applying for coverage; I have read, or have had read to me, and I fully understand, the content, requirements, and declaration of this application; that the information provided in this application is true, complete, and accurate; and that I may be committing an offence and may be liable to prosecution if I make any false statement, provide any false or misleading information, or omit to provide any relevant information.

Information on this form is collected for the purposes of administering and enforcing the *Workers Compensation Act* and is collected under the authority of that Act and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

Name (please print)	Title or relationship to firm	Telephone number ()
Signature		Date <small>yy/mm/dd</small>

WorkSafeBC use only

Date <small>yy/mm/dd</small>	Time	WorkSafeBC representative
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