



For internal use only.

WCB 15-DIGIT BUSINESS NUMBER

Please use this form to register for coverage. If you are unsure whether registration is required, please contact us.

## Section 1

**1** A Canada Revenue Agency (CRA) 15-digit Business Number (BN) is required to register with us. If you do not have one, we will obtain one for your company. If you already have a CRA Business Number, please note it here.

\_\_\_\_\_

**2** Please provide the **legal business name** of this company according to the type of ownership (check the appropriate box at the left). If this company is registered with the CRA, please provide the legal business name exactly as it is registered with the CRA.

Proprietorship \_\_\_\_\_

\_\_\_\_\_

Partnership \_\_\_\_\_

\_\_\_\_\_

Incorporation \_\_\_\_\_

\_\_\_\_\_

**3** Please provide the **operating business name** (trade name) of this company. If this company is registered with the Registry of Joint Stock Companies (RJSC), please provide the operating business name or trade name exactly as it is registered with the RJSC.

\_\_\_\_\_

\_\_\_\_\_

**4** Please provide the **mailing address where you want to receive your financial information**, as well as the contact information for the person who should receive this information.

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Facsimile Number \_\_\_\_\_

**5** Please provide the **mailing address where you want to receive claim information** about your workers, as well as the contact information for the person who should receive this information (if different from Question 4).

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Facsimile Number \_\_\_\_\_

**6** Please provide the **physical (civic) location** of your business in Nova Scotia.

same as financial address (Question 4)

same as claim address (Question 5)

other. Please specify below.

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

**7** Clearly describe your **major business activity(ies) in Nova Scotia**. Specify up to three main **products** that you mine, manufacture, or sell, or **services** that you provide or contract. If this is a sales operation, specify whether it is wholesale or retail. If you are in the fishing industry, specify the name of the boat. Please estimate the percentage of revenue that each product or service represents. Attach extra pages, if necessary.

Major business activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Product/service \_\_\_\_\_ %

Product/service \_\_\_\_\_ %

Product/service \_\_\_\_\_ %

## Section 2

Please read the information provided at the right before answering questions 8 and 9. Completion of this section is required to prevent a delay in processing your registration.

Workers' compensation coverage is required for employers who operate in mandatory industries **AND** who have three or more workers (three-worker rule). Most industries are mandatory industries. Please refer to the *Workers' Compensation Act* for a list of mandatory industries or contact the WCB directly.

- 8 If your company is incorporated (limited), give the number of workers employed in Nova Scotia, including officers and directors: \_\_\_\_\_
- If your company is a sole proprietorship or partnership, give the number of workers employed in Nova Scotia, excluding sole proprietor and partners: \_\_\_\_\_
- 9 Provide the earliest date on which you had three workers employed at the same time in Nova Scotia: \_\_\_\_\_

The three-worker rule is used only to **determine whether coverage is required**. For this purpose, we count the following people as workers:

- permanent, casual, full-time and part-time workers;
- officers and directors of the company;
- (sub)contractors who work in mandatory industries, and their workers; and
- family members of proprietors, partners, officers and directors of the company.

**This policy does not insure** the following people/workers:

- proprietors and partners;
- officers and directors of the company who are not on the payroll (i.e., not receiving a T4 from the CRA); and
- family members living in the households of proprietors, partners, officers and directors of the company.

**Special Protection** coverage for proprietors, partners and family members is available. Send me an application.  Yes  No

**Voluntary** coverage for non-mandatory companies is available by completing this form.

## Section 3

- 10 Workers in this company are being/will be paid: (check the appropriate box)
- Daily       Weekly       Bi-weekly
- Semi-monthly       Monthly       Annually
- Other (specify) \_\_\_\_\_

- 11 The average monthly payroll for this company is: \_\_\_\_\_

- 12 I require more than one payroll account with the WCB for reporting purposes:  Yes  No

If yes, please indicate the purpose for the account:

- Subcontractors       Executive payroll
- Other \_\_\_\_\_

If necessary, please attach a separate sheet indicating additional accounts required and their purpose.

- 13 This company uses an external company to prepare the payroll.

Yes       No

If yes, please provide the name of the payroll service provider: \_\_\_\_\_

- 14 This company is a franchise.  Yes  No

If yes, please provide the name of the franchise: \_\_\_\_\_

- 15 Are remittances being made to the CRA for this company?

Yes       No (Go to Question 16.)

If yes, please **list the RP number** (the four numbers following the letters "RP" in the Business Number) for **all** payroll accounts this company has with the CRA, and **check the remittance type** for each account (see the box). Attach additional pages, if necessary.

### Types of Remitters:

- T1** Threshold 1 (twice a month)  
**T2** Threshold 2 (weekly payroll)  
**T2B** Threshold 2 (biweekly payroll)  
**T2S** Threshold 2 (semimonthly payroll)  
**M** Monthly  
**Q** Quarterly

RP# \_\_\_\_\_  
Type:  T1     T2     T2B     T2S     M     Q

RP# \_\_\_\_\_  
Type:  T1     T2     T2B     T2S     M     Q

RP# \_\_\_\_\_  
Type:  T1     T2     T2B     T2S     M     Q

## Section 4

16 This company uses/will use (sub)contractors.  Yes  No

17 This company contracts services to:  
Principal                      Contact                      Phone Number  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18 Some employers require WCB Clearance Letters to confirm that they are assessed and in good standing with us. Would you like to receive these letters automatically?  Yes  No

19 Some employers like to receive an Advice Notice outlining all benefits paid to their injured workers. Would you like to receive this monthly report?  Yes  No

20 The name and address of this company's financial institution is:

\_\_\_\_\_  
\_\_\_\_\_  
The account number is: \_\_\_\_\_

21 This company  
 is a new business  was an existing business

If it was an existing business, did you

purchase the assets only  
 purchase the business as a going concern (i.e., assets and shares)

If it was an existing business, did it have an account with us previously?  Yes  No  Unknown

If it was an existing business, under what name did it operate?

\_\_\_\_\_

22 Have you ever registered a company with us in the past?

Yes  No

If yes, what was the name of that company?

\_\_\_\_\_

23 In the column at the right, please provide contact information for the owners, officers (i.e., president, vice-president, treasurer), directors and partners of the company now being registered. Attach extra pages, if necessary.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Official Title \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Home Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Home Address \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Email \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Official Title \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

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Home Address \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

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Email \_\_\_\_\_

