

# WorkSafeBC insurance — Protecting employers and workers

## Registration

If you hire workers, you're required by law to register with WorkSafeBC. This includes incorporated companies that employ only their shareholders, and individuals who hire family members to work. If you're a B.C. resident, and you hire contractors or workers to build or renovate your home, to provide casual ongoing services such as gardening or home repairs, or to provide in-home services, you may also be required to register. You can find registration requirements online at [worksafebc.com](http://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 or fax. You can also complete the application online at [worksafebc.com](http://worksafebc.com). Once we've received the application, we'll review it to determine whether your firm qualifies for registration. You'll 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** ... PO Box 5350 Stn Terminal  
Vancouver BC V6B 5L5

**Head office** ..... 6951 Westminster Highway  
Richmond BC V7C 1C6

**Regional offices** ... Check the listings at [worksafebc.com](http://worksafebc.com).

**Website** ..... [worksafebc.com](http://worksafebc.com). For more information  
about registration requirements, click  
on the Insurance tab.

## How to complete your application

### Section 1 — Firm/resident information

#### Legal name of the firm/applicant

Enter the legal name of your firm (e.g., the name under which the corporation is incorporated or registered with

the Canada Revenue Agency (CRA)). If your 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 your firm's CRA program account number (if applicable). If your firm does not have a business number, you can apply for one from B.C.'s OneStop online service at [bcbusinessregistry.ca](http://bcbusinessregistry.ca).

#### Type of firm

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

**Note:** Most 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're a proprietor or partner and you would like to be covered for workers' compensation, you must apply for Personal Optional Protection. Proprietors may also apply for coverage for their spouses. You'll find the application form online at [worksafebc.com](http://worksafebc.com).

### Section 2 — Contact information

Enter your firm's contact details, including your business address, telephone and fax numbers, and email address.

### Section 3 — Worker and payroll details

#### Worker information

Enter the number of workers in your firm, as well as the date your first worker was hired. A worker is anyone you employ on a full-time, part-time, casual, or temporary basis, including:

- Anyone who is paid on an hourly, salaried, piecework, or profit-sharing basis
- The child of a proprietor or partner who's paid by your firm, regardless of the child's age
- A partner's spouse who works for the partnership and is paid for his or her services
- A spouse, child, or other family member of a principal or shareholder of your firm for whom earnings are reported for income tax purposes

Workers include those in administration and management, clerical staff, labourers, labour contractors who are not registered with WorkSafeBC, and active shareholders.

If you're 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, casual labour, and administrative personnel are paid. When estimating payroll, be sure to include all wages, salaries, commissions, holiday pay, bonuses, and any other means by which a worker is paid. If your 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're a resident who is hiring workers in or around your home.)

### Description

Describe your 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 your 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 your firm supplies to complete a contract at a fixed price. Examples include the 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

If your firm, a partner, or a shareholder has previously had an account with WorkSafeBC, select "yes," and complete this section.

For WorkSafeBC purposes, firms are affiliated when:

- One firm controls another firm, directly or indirectly, through one or more intermediaries or other means, or
- Both firms are controlled by the same person or group of people, or
- The firms are controlled by family members — immediate, extended, or equivalent

Affiliated firms are common. For example, the shareholder of a limited company also operates a proprietorship; in this case, although the firms may not be working together, the firms are

affiliated due to common control. If your firm is affiliated to other firms, list the firms, along with their contact details and, if applicable, their WorkSafeBC account numbers.

## Section 6 — Trucking, taxis, or couriers

If your firm operates in the trucking, taxi, or courier industry, describe your firm's business operations and services. Also supply information about the vehicles used by your firm and if you own or lease them. If your firm works in the trucking, courier, bus line, moving, or sightseeing industry and drives into other provinces, it may be able to pay its insurance premiums in one province only. For more information, visit [worksafebc.com](http://worksafebc.com) and select "Application for alternative assessment procedure for interjurisdictional trucking and transport."

## Section 7 — Residents who hire workers for home services

If you're hiring workers to provide services in or around your home, please complete this section.

## Section 8 — Contractors and subcontractors

If your firm is a contractor or subcontractor, please complete this section.

## Section 9 — Corporations and partnerships

Enter the contact details and social insurance numbers of partners or shareholders.

**Note:** Most 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're a proprietor or partner and you would like to be covered for workers' compensation, you must apply for Personal Optional Protection. Proprietors may also apply for coverage for their spouses. You'll find the application forms online at [worksafebc.com](http://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.

Firms that need assistance in meeting their requirements under the Occupational Health and Safety Regulation may wish to contact their industry association. Contact details for industry associations can be found at [worksafebc.com](http://worksafebc.com).

### Important protection for you and your workers

Your insurance with WorkSafeBC provides protection for your workers if they are injured on the job, and covers the cost of health care and rehabilitation services to help them get back to a normal life. Visit us at [worksafebc.com](http://worksafebc.com) for resources to help keep your workplace safe and healthy.

Please print. Attach additional sheets if required.

Account number

## 1. Firm/resident information

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

## 2. Firm contact information

| Mailing address  |                                       |          |             |
|--|---------------------------------------|----------|-------------|
| Business mailing address   | City                                  | Province | Postal code |
| Business phone number (include area code)                                    | Home phone number (include area code) |          |             |
| Fax number (include area code)   | Email address                         |          |             |
| Physical address or operating location of business (if different from above) |                                       |          |             |
| Street address   | City                                  | Province | Postal code |

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

|  |  |  |   |
|--|--|--|---|
| Do you employ workers?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of workers (excluding shareholders) | Is your spouse a worker?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Start date of first worker (yyyy-mm-dd) |
| Number of shareholders (if applicable)   |  | Estimate of annual payroll for all workers (if your firm is a corporation; in your estimate, include the earnings of shareholders who are active in your firm)<br>\$ |   |

## 4. Business operations (If you are a resident hiring workers in or around your home, please go directly to section 7.)

|  |                                       |
|--|---------------------------------------|
| Describe your firm's business operations in B.C.   | Start date of operations (yyyy-mm-dd) |
| List the major revenue-producing equipment that your firm supplies (please include the year, make, model, and serial number) |                                       |
| List the major materials that your firm supplies   |                                       |

## 5. Previous registration/affiliated firms (Please complete sections a, b, and c.)

| (a) Has your firm ever been registered with WorkSafeBC (Workers' Compensation Board of B.C.) under any name? <input type="checkbox"/> Yes <input type="checkbox"/> No         | Has a principal of your firm ever been the principal of another firm registered with WorkSafeBC? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
|---|---|-------------------------|
| (b) Does your firm provide services or products to an affiliated firm? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                         |
| <b>If you answered yes to any of the above questions, list the other firm(s) in section 5(c).</b>   |   |                         |
| (c) List all affiliated firms currently or previously registered with WorkSafeBC (e.g., firms with common ownership, under common control, or controlled by family members.). |   |                         |
| Firm name   | WorkSafeBC account number   | Name(s) of principal(s) |
|   |   |                         |
|   |   |                         |



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

## 6. For trucking, taxi, and courier industry only

|  |  |
|--|--|
| <b>What type of trucking or courier service do you provide?</b><br>(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                                  | Gross vehicle weight rating (GVWR)   |
| Do you own or lease your vehicle?<br><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

|   |  |
|---|--|
| <b>What type of service will you be receiving in your home?</b><br><input type="checkbox"/> Nanny or other caregiver<br><input type="checkbox"/> Domestic worker, such as a maid<br><input type="checkbox"/> Construction or repair worker(s) or contractor<br><input type="checkbox"/> Gardener or landscaper<br><input type="checkbox"/> Other (please specify) | Will this individual work for you for less than eight hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Will this individual work on a specific project that will take 24 hours or more? (Calculate the total number of person-hours. If the total exceeds 24 — for example, you've hired three workers who will each be working nine hours for a total of 27 person-hours — select "yes.") <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Will this individual care for children before or after school for 15 or fewer hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this individual with an agency that is registered with WorkSafeBC? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

## 8. For contractors/sub-contractors/self-employed only

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

## 9. For corporations and partnerships only

|   |             |                            |                                |
|---|-------------|----------------------------|--------------------------------|
| <b>Enter the contact details of partners or shareholders who are active in your firm.</b> |             |                            |                                |
| 1. First name of shareholder or partner   | Middle name | Last name                  | Phone number (incl. area code) |
| Street address  |             | City                       | Province Postal code           |
| Social insurance number   |             | Date of birth (yyyy-mm-dd) |                                |
| 2. First name of shareholder or partner   | Middle name | Last name                  | Phone number (incl. area code) |
| Street address  |             | City                       | Province Postal code           |
| Social insurance number   |             | Date of birth (yyyy-mm-dd) |                                |

## 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. I understand the firm is obligated to establish health and safety policies and programs in accordance with the Occupational Health and Safety Regulation.

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*.

|                     |                               |                                |
|---------------------|-------------------------------|--------------------------------|
| Name (please print) | Title or relationship to firm | Phone number (incl. area code) |
| Signature           |                               | Date (yyyy-mm-dd)              |

### WorkSafeBC use only

|                   |      |                           |
|-------------------|------|---------------------------|
| Date (yyyy-mm-dd) | Time | WorkSafeBC representative |
|-------------------|------|---------------------------|