

INDEPENDENT OPERATOR CHECKLIST

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca
Phone: (902) 368-5680 Toll-free: 1-800-237-5049 Fax: (902) 368-5696

INFORMATION

| | | |
|------------|---------------------|--------------|
| Name: | Trade/Company Name: | |
| Address: | WCB Firm Number: | |
| City/Town: | Province: | Postal Code: |
| Telephone: | Email: | |

IMPORTANT INFORMATION

The purpose of this checklist is to determine if you are an independent operator. WCB considers an independent operator to be an individual who is self-employed and does not employ workers. Please answer the following questions. We may contact you to request additional information to determine if you are an independent operator. If you wish to provide additional information, please attach it to this form.

If we determine you are not an independent operator, we will send you a letter explaining our decision.

QUESTIONS

Please describe the type of work you do or the services you offer:

Please indicate the industry you work in (*e.g. construction, transportation, etc.*)

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|---|------------------------------|-----------------------------|
| Do you employ any workers? (<i>If you answer yes, you are not an independent operator.</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you offer your services to multiple clients /companies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you able to work for other companies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If no, please indicate the name of the company you work for:

| | | |
|--|------------------------------|-----------------------------|
| Do you have a contract for your services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you determine your hours of work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does anyone oversee or supervise your work activities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you own any major tools/equipment in the work you do? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please describe:

| | | |
|--|------------------------------|-----------------------------|
| Do you have a chance of profit or risk of loss? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are payroll deductions (CPP, EI, income tax) taken off your pay? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

DECLARATION

By submitting this checklist, I confirm that I have read and fully understand the content and requirements of this checklist. Further, I confirm that the information provided is complete and accurate. I understand that it is an offence to provide false or misleading information or to omit relevant information from this application.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

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. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049.