

Objective:

To bring operations under Schedule 1 of the Workplace Safety and Insurance Act (WSIA).

The person signing below is applying to the Workplace Safety and Insurance Board (WSIB), under Section 74 of the WSIA, to have:

.....
.....
.....

(Name of operation and description)

being carried on at

.....
.....

(Address; if at various points in the province, please specify "anywhere in Ontario")

added to Schedule 1 of the WSIA. Dated Day of 20

I understand that, by acquiring voluntary coverage, the business's legal rights and liabilities concerning a work-related accident or occupational disease will change.

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.....

(Legal name of employer, and address)

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.....
.....

(Name and signature of employer or authorized officer)

(Title)

Acceptance of this application is conditional on the company agreeing to adhere to the WSIB's policies and all requirements of the WSIA and its regulations.

Employer by application

Please only use this form if:

- WSIB coverage isn't required for your business, but you wish to apply to have WSIB coverage for your employees
- you've already provided your registration details to us, and we've confirmed that you're eligible for by application coverage

We don't provide coverage to the following people:

- foreign diplomats
- competitors in individual or team sports
- stunt performers
- circus performers

If you haven't provided your registration details yet, **you'll need to do so before filling out this form.** You can do this online at wsib.ca/onlineservices or call us at 416-344-1000.

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

Ce document est disponible en français sous le titre : *Demande de protection de l'employeur, 0090B (02/24)*

wsib.ca | Mail: 200 Front Street West, Toronto, Ontario, M5V 3J1 | Toll free: 1-800-387-0750 | TTY: 1-800-387-0050

0090A (02/24)