WorkSafeBC insurance — protecting employers and workers

The fastest and easiest way to register for coverage is online at worksafebc.com/insurance/apply-for-coverage.

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/insurance.

Who should complete this form?

Complete this form (1800) if your firm is applying for registration as:

- A limited company or corporation
- A First Nations Band, cooperative, municipality, society, union, government agency, church, or district

You should also complete this form if you're registering to cover someone who works in or around your home (such as a babysitter, gardener, or labourer for home repairs).

If your firm is applying for registration as a partnership or proprietorship, complete Form 180C instead, available on worksafebc.com.

Note: 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 Coverage. Proprietors may also apply for coverage for their spouses. You'll find the application forms online at worksafebc.com/form-180c and worksafebc.com/form-18e7.

Completing and submitting this application

Please read the instructions carefully before completing this application. To avoid processing delays, be sure to complete it in full and sign it before submitting it to WorkSafeBC. You can complete this form digitally or by hand and return it to us by mail or email.

To complete this form digitally, you must use Adobe Acrobat. If you don't already have Acrobat on your computer, you can download Adobe Acrobat Reader, a free app. **Please note the form's functionality will not work properly if the form is opened in an internet browser such as Microsoft Edge or Google Chrome.**

To complete and submit this form digitally:

1. Open the form in Acrobat by going to your Downloads folder and right-clicking on the PDF file. Select Open with > Adobe Acrobat Reader.
2. Type your information in the form and attach any additional documents using the **Attach** button.
3. Sign your form and save it.
4. Attach your completed form to an email to insuranceapps@worksafebc.com, then click **Send**.

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

To learn more about registration, search "apply for coverage" on worksafebc.com.

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

Phone 604.244.6181
or toll-free 1.888.922.2768

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.

WorkSafeBC

How to complete your application

Section 1 — Firm/resident information

Legal name of the firm/resident
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]).

Type of firm
The majority of firms for which this form is completed are 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."

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
- 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, and active shareholders.

If you're registering to cover someone who works in or around your home, 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. The *Workers Compensation Act* recognizes that a worker may work at a nominal wage or for no wage and enables WorkSafeBC to determine or fix the amount of a worker's average earnings for assessment purposes.

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 and affiliated firms

If you, your firm, 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 with 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/form-18e3.

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

Enter the contact details and date of birth of shareholders.

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. Go to worksafebc.com/health-safety/industries to find contact details for industry associations.

Section 11 — Submission

Check the final checkbox when you are ready to email or mail us your form.

Important protection for you and your workers

Your insurance with WorkSafeBC provides protection for your workers if they are injured on the job. It helps cover lost wages and the cost of health care and rehabilitation services to help them recover and return to important activities, including work. Visit us at **worksafebc.com** for resources to help keep your workplace safe and healthy.

Reset

WORK SAFE BC

Registration Application

WorkSafeBC use only
Account number

Please print or type. **Do not use the Fill & Sign tool in Acrobat; simply click in the field you'd like to fill.** Attach additional sheets if required. If you are completing the form digitally, click the button near the end to check that all your attachments appear in the Attachments panel, then save your form.

Attach documents

1. Firm/resident information

Legal name of firm/resident	Trade name (if different from legal name)
Business website	Canada Revenue Agency business number (first 9 digits only)

Select appropriate type of firm

☐ Corporation ☐ Other

☐ Individual employing worker(s) for domestic or in-home care services or for home maintenance/repairs

For corporations/societies only Incorporation number	**For corporations/societies only** Incorporation date (yyyy-mm-dd)

2. Firm contact information

Business mailing address			City	Province	Postal code
Business phone number	Home number	Fax number	Email address		
Physical address or operating location mailing address (if different from above)			City	Province	Postal code

3. Worker and payroll details (important: please see instructions before completing)

Do you employ workers? ☐ Yes ☐ No	Number of workers (excluding shareholders)	Is your spouse a worker? ☐ Yes ☐ 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, include the earnings of shareholders who are active in your firm) $		

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 and 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? ☐ Yes ☐ No	Has a principal of your firm ever been the principal of another firm registered with WorkSafeBC? ☐ Yes ☐ No
b. Does your firm provide services or products to an affiliated firm? ☐ Yes ☐ No	

WORK SAFE BC **Registration Application**

If you answered yes to any of the above questions, list the other firm(s) in section 5(c).

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)

6. For trucking, taxi, 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? ☐ Yes ☐ 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? ☐ Own ☐ 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 home

What type of service will you be receiving in your home?

☐ Nanny or other caregiver
☐ Domestic worker, such as a maid
☐ Construction or repair worker(s) or contractor
☐ Gardener or landscaper
☐ Other

Will this individual work for you for less than 8 hours a week? ☐ Yes ☐ No	Is this individual with an agency that is registered with WorkSafeBC? ☐ Yes ☐ No
Will this individual care for children before or after school for 15 or fewer hours a week? ☐ Yes ☐ No	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 3 workers who will each be working 9 hours for a total of 27 person-hours — select "yes.") ☐ Yes ☐ No

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

If you are self-employed as a contractor, list the firms and/or individuals that you are or will be hiring on a contract basis.
If you are a subcontractor or are self-employed, list the firms and/or individuals that you are or will be working for.

1. Name of firm or individual	☐ I am hiring this firm/individual ☐ I am being hired by this firm/individual		Phone number	
Street address		City	Province	Postal code
2. Name of firm or individual	☐ I am hiring this firm/individual ☐ I am being hired by this firm/individual		Phone number	
Street address		City	Province	Postal code

9. For corporations only

Enter the contact details of shareholders who are active in your firm.

1. First name of shareholder	Middle name	Last name	Date of birth (yyyy-mm-dd) (required)	Phone number	
Street address			City	Province	Postal code
2. First name of shareholder	Middle name	Last name	Date of birth (yyyy-mm-dd) (required)	Phone number	
Street address			City	Province	Postal code

Registration Application

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 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*. For questions about the collection of personal information, please contact WorkSafeBC's FIPP Office at 604.279.8171 or email **FIPP@worksafebc.com**.

If you are completing this form in Acrobat, click the **Check attachments** button to see an Attachments panel and verify your documents are attached.

Check attachments

WorkSafeBC's commitment to protecting your privacy

WorkSafeBC is committed to protecting privacy and personal information as defined by the *Freedom of Information and Protection of Privacy Act*. Please be aware that sending information by email means it could be either stored at or routed through locations outside of Canada, where different data security standards may apply. WorkSafeBC takes the required steps to protect the security of personal information by using encryption when we email you. Emails may not be protected by encryption once they are received by your email service, and any emails you send to WorkSafeBC through your email service may not be secure.

By checking "yes" below, you give WorkSafeBC permission to communicate with you by email. You can withdraw your permission in writing at any time.

I grant WorkSafeBC permission to send me emails that may contain personal information. ☐ Yes ☐ No

Name (please print or type)	Title or relationship to firm	Phone number

Date (yyyy-mm-dd)	Signature (If completing digitally, click below and follow the prompts to add your Digital ID in Acrobat. Do not use Fill & Sign to add your signature in Acrobat.)

11. Submission

Are you ready to submit this form by attaching it to an email to **insuranceapps@worksafebc.com** or mailing to PO Box 5350 Stn. Terminal, Vancouver BC, V6B 5L5?

☐ Yes, I have completed all the necessary fields and signed this form.