

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. You can find registration requirements online at worksafebc.com/insurance.

Who should complete this form?

If your firm is applying for registration as a partnership or proprietorship, complete this form (180C).

If your firm is applying for registration as any other kind of entity (including a limited company, corporation, or society), or if you're registering to cover someone who works in or around your home (such as a babysitter, gardener, or labourer for home repairs), please complete [Form 1800](#) instead, available for download 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

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 .

spouses. You'll find details on Personal Coverage on page 6 of this package, and you'll find an application for Personal Coverage on page 8.

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. If you'd like to apply for Personal Coverage, complete the second form in this package as well.
4. Attach your completed PDF 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.

How to complete your application

Section 1 — Firm/applicant information

Legal and trade name of the firm/applicant

Enter the full legal name(s) of the proprietor or partners and the business trade name if applicable.

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 their services

Workers include those in administration and management, clerical staff, and labourers.

Estimate of annual payroll

Payroll includes any means by which workers, family members, 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

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 providing consulting services
- A drywall company working 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 or your partner(s) have 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, 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](https://www.worksafebc.com/form-18e3).

Section 7 — Contractors and subcontractors

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

Section 8 — Partnerships

Enter the contact details and date of birth of partners.

Section 9 — 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](https://www.worksafebc.com/health-safety/industries) to find contact details for industry associations.

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](https://www.worksafebc.com) for resources to help keep your workplace safe and healthy.

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/applicant information

Legal name of firm/applicant		Trade name (if different from legal name)	
Business website		Canada Revenue Agency business number (first 9 digits only)	
Select appropriate type of firm ☐ Partnership ☐ Proprietorship		For proprietorships only Enter the date of birth of proprietor (required) (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	Is your spouse a worker? ☐ Yes ☐ No	Start date of first worker (yyyy-mm-dd)
Estimate of annual payroll for all workers (including spouses of partners working for a partnership) \$			

4. Business operations

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 proprietor or partner 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	

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 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

8. For partnerships only

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

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

9. 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*. 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.)		

☐ I have completed all the necessary fields and signed this form. I will now review the Application for Personal Coverage (the second form in this package) and complete that form if I decide I need coverage for myself.

Application to add Personal Coverage

If you're injured on the job, your Personal Coverage insurance provides compensation. It also covers the costs of health care and rehabilitation services to help you recover and return to important activities, including work.

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

1. Who can apply for Personal Coverage?

If you're a self-employed proprietor, or a partner in a partnership, you may be eligible for Personal Coverage, which is optional workplace disability insurance.

2. How much does it cost?

The amount you pay depends on the type of business you're in and the coverage you've purchased. For example, if you're a courier driver supplying your own vehicle in 2026, you'll be charged at a premium rate of 3.87 percent. So, if you select \$3,100 for your monthly coverage, your monthly premium will be \$119.97. Learn more about the [rates for the type of work you do](https://worksafebc.com/rates-for-the-type-of-work-you-do) at worksafebc.com.

3. How much coverage should I buy?

Personal Coverage is an insurance plan to replace lost wages and cover medical care, so the amount you purchase should reflect your actual earnings. In 2026, you can choose between \$3,100 and \$10,625 of monthly coverage. Please note that the coverage you purchase shouldn't exceed your personal net income before tax, and that you must provide proof of earnings if you apply for more than \$5,000 a month. If you're eligible for disability benefits from the Canada Pension Plan, please read the answer to the next question carefully before selecting your coverage amount.

4. How much will I receive if I'm injured?

Generally, WorkSafeBC pays wage-loss benefits based on 90 percent of net average earnings; that is, the average amount remaining after probable deductions for income

taxes, Canada Pension Plan (CPP) contributions, and Employment Insurance (EI) premiums. The Personal Coverage you select is considered personal net income before tax. To determine your net earnings, subtract the amounts equivalent to the probable deduction for income tax, CPP, and EI from the coverage you've purchased. Wage-loss benefits are then based on 90 percent of the amount remaining. Keep in mind that your Personal Coverage wage-loss benefits may be reduced if you receive a WorkSafeBC pension or any other form of earnings throughout your claim. Also, while on a claim, if you hire a substitute worker to do the work you were doing prior to your injury, your Personal Coverage wage-loss benefits will not cover payments made to the substitute worker.

Based on your coverage, here's an estimate of the amount you will receive:

Monthly coverage selected	Approximate monthly wage-loss benefit
\$3,100 (minimum coverage)	\$2,423
\$4,000	\$3,025
\$5,000	\$3,661
\$7,500	\$5,207
\$9,000	\$6,156
\$10,625	\$7,093

If you're injured and have reached the usual retirement age of 65, your wage-loss benefits will be reduced, unless you can provide evidence that you would have continued working beyond that age.

If you've been permanently disabled by a work-related injury or disease, you'll be assessed for disability benefits. A permanent disability award may be reduced by an amount equal to 50 percent of any benefit paid under the Canada Pension Plan. You should take these factors into account when deciding how much coverage you need.

In the case of work-related fatalities, WorkSafeBC contributes to funeral costs and pays survivor benefits directly to dependants. Those benefits may vary depending on the age and number of dependants and may also be affected by CPP survivor benefits.

5. If I'm injured or become ill, what other services will I receive?

You'll receive the medical care you'll need to recover, including appointments with physicians and specialists, if required; lab, x-ray services, and medical supplies; and prescription drugs. If you need assistance getting back to work, you may also receive vocational assessment and planning, counselling, and skills development and placement assistance.

6. How do I apply for Personal Coverage?

The quickest way to apply for coverage is online at worksafebc.com/insurance. Please note that by completing and submitting an application, you are actively applying to purchase WorkSafeBC insurance coverage. Once we receive your application, we need about 10 business days to gather information, review your application, and notify you of our decision.

If you prefer, you can complete the attached Personal Coverage application form along with a Registration Application and return them by mail or email. (See the [instructions on page 1](#) of this package for how to complete and submit forms digitally.) To avoid delays in our review of your application, remember to complete all applicable sections on both forms.

7. When will my coverage come into effect?

If your coverage is accepted, it will come into effect the day we received your application, as long as you have fully completed all sections legibly. If you want your coverage to begin on a future date, specify it in your application.

8. How long will my coverage remain in effect?

Your coverage will be renewed automatically every payment period — whether you pay quarterly or annually — and will remain in effect with premiums payable until you or WorkSafeBC cancels it.

9. How do I pay my premiums?

You can pay your premiums on worksafebc.com, at your bank, or by mail. The easiest way to keep your payments up to date is by signing up for pre-authorized payments through your [online services account](#). **To avoid the cancellation of your coverage, you must make your payment by the invoice due date.** If your coverage is cancelled, you will need to re-apply.

10. What should I do if I'm injured or become ill?

Seek medical attention. Be sure to tell your doctor your injury or illness is work-related. As soon as you can, [report your injury](#) to WorkSafeBC. Learn how at worksafebc.com/report-injury.

11. If I'm injured at work, can I still pursue legal action?

Registering for coverage may negate your rights to pursue legal action if you're injured at work or while conducting business on your firm's behalf. Before you register for Personal Coverage, you may want to seek advice from your lawyer.

12. What happens if I incorporate my business?

Personal Coverage is available only to proprietors and partners of unlimited companies. If you incorporate your business, you're no longer eligible for Personal Coverage and should complete the [Legal Entity Change \(Form 18E201\)](#), available on worksafebc.com, to advise of the change.

13. I don't employ any workers now, but may hire some in the future. What should I do at that time?

You should contact our Employer Service Centre immediately to set up worker coverage on your account. This is required by law.

14. Is my spouse covered?

A paid spouse of a proprietor is exempted from coverage and may apply for voluntary coverage. If you would like to apply for this coverage, please complete the [Application for Voluntary Spousal Coverage \(Form 18E7\)](#), available on worksafebc.com.

15. How can I get more information?

Visit worksafebc.com/personalcoverage, where you'll find a wealth of information about Personal Coverage, the benefits of your coverage, and vocational rehabilitation services for people who sustain an occupational injury or disease. You can also contact our Employer Service Centre at 604.244.6181 or 1.888.922.2768 (Monday to Friday, 8:30 a.m. to 4:30 p.m.).

Application for Personal Coverage

Please read the summary of terms and conditions on the last page of this application carefully. Each partner requesting coverage must submit a separate application. **Do not use the Fill & Sign tool in Acrobat; simply click in the field you'd like to fill.**

☐ I have included my completed Registration Application form with this application.

Legal name of firm (name of proprietorship or partnership)		Business/trade name (if applicable)		Business phone number	
Business mailing address			City	Province	Postal code
Email address	Have you ever had an account with WorkSafeBC? ☐ Yes ☐ No		If yes, what is the account number?		

What type of business(es) does your firm primarily operate? (e.g., restaurant, courier services, house framing)	What percentage of revenue does your firm generate from each business?
Business 1	Business 1 percentage revenue %
Business 2	Business 2 percentage revenue %

Applicant's first name	Middle name	Last name	Phone number	
Select appropriate type of firm ☐ Proprietorship ☐ Partnership		Date of birth (yyyy-mm-dd) (required)	Alternate phone number	
Home address		City	Province	Postal code

Enter the coverage amount you wish to purchase. The amount you select should reflect your monthly earnings.

Requested monthly coverage: For 2026, the minimum is \$3,100.00 and the maximum is \$10,625.00. Benefits may be reduced if you receive a pension or any other form of earnings throughout the duration of a claim.

\$ Enter your initials:

If you request more than \$5,000.00, you have the following two options:

Option A

Provide your most recent Notice of Assessment and one of the following documents with your application to demonstrate your self-employed net income:

- T2125 Statement of Business Professional Activities or
- T1 General Tax Form

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

Option B

Have a chartered professional accountant complete and sign the area below. Send the completed and signed form to our Employer Service Centre by mail or email it to insuranceapps@worksafebc.com. (A scan or clear photo of the form can be emailed.)

I hereby certify that the applicant's personal net income before tax for the previous year was equal to or exceeded the coverage requested.

Accountant's name
(print or type)

Designation

Business phone number

Accountant's 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.)

Business address

City

Province

Postal code

☐ I would like my coverage to begin on a specific future date. Enter date (yyyy-mm-dd)

☐ I would like my coverage to end on a specific date. Enter date (yyyy-mm-dd)

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

Check attachments

Voluntary Spousal Coverage

If you are a proprietor and wish to apply for coverage for your spouse, please complete the Application for Voluntary Spousal Coverage (Form 18E7), available at worksafebc.com/form-18e7.

Please sign your application. If accepted, your coverage will remain in effect for a minimum of one month or until cancelled by you or WorkSafeBC. You will be notified of the cancellation via correspondence.

I am the applicant or the agent of the applicant. By submitting this application, I confirm that the applicant is not a worker or an employee of another; is a proprietor or partner in an independent business; is seeking Personal Coverage; is agreeing to assume obligations under the *Workers Compensation Act*; and has read or otherwise fully understands the content, requirements, and declaration of this application. Further, I confirm that the information provided is complete and accurate, and I understand that it is a prosecutable offense to provide false or misleading information or to omit relevant information from this application.

Signature of applicant or authorized representative (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.)	Relationship to applicant	Date (yyyy-mm-dd)
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Submission

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

☐ Yes, I have completed all the necessary fields and signed this Application for Personal Coverage.

☐ Yes, I have completed the Registration Application only as I am not applying for Personal Coverage at this time.

Summary of terms and conditions

1. Once this application is accepted by WorkSafeBC, the terms and conditions form part of a legally binding contract.
2. These terms and conditions incorporate by reference [Assessment Manual](#) item AP 1-4-3 and related practice directives (available online at worksafebc.com) and carry the same force and effect as those documents.
3. WorkSafeBC may periodically revise Assessment Manual item AP 1-4-3 and related practice directives, including the minimum amount of Personal Coverage available. Once published, those revisions are incorporated into the terms and conditions and apply to every continued Personal Coverage contract.
4. You may submit an application for Personal Coverage [online](#) or on the prescribed form by mail or via email. Once you've submitted your application, WorkSafeBC will advise you whether or not it has been accepted.
5. Reasons why coverage would not be granted include:
 - a) The application is incomplete, unsigned, or illegible.
 - b) The terms of the application have been altered.
 - c) You are a registered employer and are not in compliance with your reporting and remitting requirements.If your application is rejected, we will advise you by mail. You may reapply for coverage when the reasons for rejection have been addressed.
6. If your application is accepted, your coverage is effective on the date your application was received by WorkSafeBC, or at a later date specified by you in the application.
7. If you suffer a work-related injury or illness, your benefits can include wage-loss, health care, vocational rehabilitation, and permanent disability benefits. Disability benefits may be reduced if you receive a pension from WorkSafeBC or another organization.
8. Subject to the aggregate statutory maximum, WorkSafeBC pays wage-loss benefits based on 90 percent of net average earnings; that is, the amount remaining after probable deductions for income taxes, Canada Pension Plan contributions, and Employment Insurance premiums. For Personal Coverage, the amount of coverage purchased is equivalent to net income before taxes, and net earnings are determined by subtracting amounts equivalent to probable deductions. Wage-loss benefits are then 90 percent of the amount remaining.
9. In the case of a work-related fatality, WorkSafeBC will pay toward funeral costs. Survivor benefits may vary depending on the age and number of dependants and may also be affected by Canada Pension Plan survivor benefits. Survivor benefits are paid directly to dependants.
10. Personal Coverage is subject to a **one-month minimum charge per application**. Premiums will be charged for a full month, even if the applicant requests coverage for a shorter period.
11. Your initial premium is due within 20 days of the effective date of your coverage. Subsequent premiums may be billed quarterly or annually.
12. Once this application is accepted, your coverage will remain in effect until cancelled by you or WorkSafeBC. To submit a cancellation request, log in to your online services account and select **Manage my account** under Insurance, then choose **Request to cancel your account**. You will be notified of the cancellation via correspondence from WorkSafeBC's Assessments department. If payment is not received by the invoice due date, your coverage will be cancelled, and you will need to reapply.
13. WorkSafeBC may terminate coverage immediately and without notice if you (or your firm):
 - a) Fail to advise WorkSafeBC of every material fact affecting your coverage
 - b) Fail to pay your premium or provide required payroll information
 - c) Do not provide information to WorkSafeBC or a WorkSafeBC officer as and when requested
 - d) Do not allow officers of WorkSafeBC to inspect your worksite, premises, or records
 - e) Fail to comply with an order or direction issued by WorkSafeBC under Part 2 of the *Workers Compensation Act*
 - f) Experience a change in eligibility status (i.e., if you are no longer a proprietor or partner)

Freedom of Information and Protection of Privacy Act

Personal information on this application is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of the administration of the *Workers Compensation Act*. For questions about the collection of personal information, please contact WorkSafeBC's FIPP Office at 604.279.8171 or email FIPP@worksafebc.com.

Please return your application by mail or by email to insuranceapps@worksafebc.com.

You can also [apply for Personal Coverage online](#) at worksafebc.com.

Mailing Address

PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5
worksafebc.com

Location

6951 Westminster Highway
Richmond BC

Employer Service Centre

Phone 604.244.6181
Toll-free in Canada
1.888.922.2768