

# APPENDIX - WSIB DECLARATION

Vendors must enter their Ontario Workplace Safety & Insurance Board of Ontario account number below:

**Workplace Safety & Insurance Board of Ontario Account Number: # \_\_\_\_\_**

### Independent Operators

Should the Ontario WSIB consider your firm as an Independent Operator, you are required to sign the Statement for Exemption from Ontario WSIB (found below) confirming you will not hold the Purchaser liable for any injuries (including death) normally subject to Ontario WSIB coverage, which would have been sustained by any one of your firm's Independent Operators while carrying out the work set out under this Bid and ensuing contract.

### Non-Resident Respondents

Respondents from outside the Province of Ontario do not necessarily have to register with the Ontario WSIB if their firm is not deemed to have "Substantial Connection" as defined by the Ontario WSIB. Although each case must be decided on its own facts, it is generally considered that a Worker who works in Ontario for five (5) or fewer days in the course of a year usually does not have a substantial connection with Ontario. Should you qualify under this clause, the Board requires that you complete the following Statement for Exemption from Ontario WSIB.

### Statement for Exemption from Ontario WSIB

The undersigned, my estate, and/or workers confirm exemption from Ontario WSIB registration requirements due to the fact (check off appropriate statement)

- Our company is owned and operated by Independent Operators and do not employ workers
- We are a Non-Resident Contractor/Vendor where our Worker(s) work(s) 5 or fewer days in the course of a year in the Province of Ontario

While not covered by the Ontario WSIB, the undersigned, my estate, and/or workers hereby agree to indemnify and save harmless, the College and its employees from all actions, suits, claims, demands, costs and damages arising by reason of a work related injury or death to my Person, Partners or Workers. Work which would normally be covered by the Ontario Workplace Safety and Insurance Board while carrying out the work which I may be awarded as a result of this Submission and that for the duration of the Contract.

It is also understood, that should the nature of my business change requiring the hiring of additional staff, or that current Worker(s) will work or are likely to work more than 5 days in Ontario. I will ensure the appropriate Workplace Safety & Insurance Board of Ontario Registration is taken immediately and will provide the College with a copy of the documentation as proof of coverage. A copy of the Ontario WSIB Clearance Certificate will be supplied to the College as soon as it is available.

Should my firm be awarded all or any portion of this Bid, which would require that certain of my Independent Contractor(s) be assigned to fulfill my contractual obligations, I will ensure that any and all workers designated will complete a copy of the Independent Operators "Statement of Exemption from Ontario WSIB" waiver and submit a copy to the Purchaser within five (5) working days.

I/We acknowledge and agree that I/we have read and completed all the terms and conditions of this Request for Submission, and have included all the required information and Appendices in our bid submission.

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Signature of Witness

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Signature of Vendor Representative

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Name of Witness

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Name and Title

Date:

I have authority to bind the Vendor