



Assessment Services Department
 1 Portland Street, PO Box 160
 Saint John, NB E2L 3X9
 Phone 506 632-2820
 Toll-free 1 800 222-9775
 Fax 506 632-2819
 Web www.worksafenb.ca

Services des cotisations
 1, rue Portland, case postale 160
 Saint John, NB E2L 3X9
 Téléphone 506 632-2820
 Sans frais 1 800 222-9775
 Télécopieur 506 632-2819
 Web www.travailsecuritairenb.ca

Application for WorkSafeNB coverage

| | | | |
|--|-------|--|---|
| (1) Name of Employer (Correct Legal Name Please) | | (2) Business Telephone Number () | |
| (3) Business Name or Trade Name (if applicable) | | (4) Facsimile Number () | |
| (5) Mailing Address | | Postal code | E-Mail Address |
| (6) If above mailing address is a PO Box, please provide an applicable street address or geographical location | | (7) CRA's business number (BN) | |
| (8) Address and telephone number where accounting records are kept | | | |
| (9) Have you been registered previously? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, under what name and WorkSafeNB number. | |
| (10) Did you purchase the business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, name and address of previous owner. | |
| (11) Are you affiliated (common ownership) with any businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, name of affiliates. | |
| (12) Number of workers. Full-time _____ Part-time _____ | | Date company first started operating. | Date 3 or more workers first employed in New Brunswick. |
| (13) Full description of your business (If engaged in trucking, please state, which type(log hauling, general trucking, etc.). Use enclosure if more space is needed. | | | |
| | | | |
| | | | |
| (14) Actual payroll (2011) \$ | | Estimate of annual payroll (2012) See instructions for box 14. \$ | |
| (15) Do you hire subcontractors? If yes, list subcontractors on a separate sheet of paper. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (16) List Names and Titles of principal shareholders of incorporated company. | | | |
| Name | Title | Salaried <input type="checkbox"/> Yes <input type="checkbox"/> No | Personal Coverage (if desired) \$ |
| Social Insurance #: | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Social Insurance #: | | | |
| (17) Signature | | Position | Date |
| Do you want to receive information on the <i>Monthly Assessment on Actual Payroll (MAAP)</i> Program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| For WorkSafeNB use only Employer Number: _____ Classification: _____ Start Date _____ 2011 Assessable Earnings _____ 2012 Estimated Earnings: _____ | | | |



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Instruction For Completion

General Information

Mandatory Coverage - Employers having three or more workers, full or part-time, must register for coverage. The only exception is the fishing industry, which must register when 25 or more workers are employed.

Voluntary Coverage - When fewer than three workers are employed, voluntary coverage may be requested. Employers making such application must have at least one worker with a minimum of \$3,000 in assessable earnings. Payment of the assessment must accompany the application. **Exception: An employer with fewer than three workers working exclusively for one principal will not be granted voluntary coverage. The principal is responsible for all such subcontractors.**

Proprietorship and Partnership - An employer who operates as a proprietorship or partnership must **not** include amounts paid to the proprietor, partners, spouses, and children under the age of 16 residing with the employer. Such individuals may apply for personal coverage (see section on personal coverage).

Limited Company - An employer who operates as a limited company must include amounts paid to all workers, including directors and executive officers. Non-salaried officers may apply for personal coverage.

Personal Coverage - Once mandatory or voluntary coverage is established, personal coverage may be requested for (i) a non-salaried officer of a limited or incorporated company and (ii) a proprietor, partners and spouses of a proprietor or partner. The coverage requested may not be less than \$12,000 or greater than the maximum annual assessable earnings (2012- \$58,100).

Registration of a New Employer - New employers who qualify for mandatory coverage are required to register with WorkSafeNB within 15 days of the start of employment and must provide specific information about their operations together with an estimate of the assessable earnings for the calendar year. Should a work-related accident occur before registration, WorkSafeNB may charge the full cost of the accident to the employer and make a retroactive assessment.

It should be noted that an employer would not be provided with coverage on speculation that they will be setting up an operation in the province. An employer will only be provided coverage once they have started operations and meet the noted registration requirements.

Instructions

Please print clearly when completing the Application Form. If you feel explanations are required, a separate letter should be attached.

Each box contains a number on the Application Form that corresponds to the same numbered sections in this guide.

1. Indicate employer's legal name. If employer is a proprietorship or partnership, include middle names of either the proprietor or partners.
2. Indicate employer's business telephone number.
3. If you have a business name or trade name other than your legal name, indicate here.
4. If employer has a facsimile number, indicate here.
5. Indicate employer's complete mailing address and, if applicable, your email address.
6. If mailing address does not include street address or geographical location, indicate here.
7. Canada Revenue Agency (CRA)'s business number (BN) is used to identify businesses that participate in four major CRA programs: payroll deductions, corporate income tax, import/export, and Goods and Services Tax/Harmonized Sales tax. If you have a CRA business number, please provide this information
8. Indicate street address and telephone number where payroll and accounting records are maintained.
9. Indicate whether employer has been registered with WorkSafeNB previously, and if so, indicate under what name and WorkSafeNB employer number.
10. Indicate whether business was purchased, and if so; indicate the name and address of the previous owners.
11. Indicate whether employer is affiliated (common ownership) with any other businesses, and if so, indicate the name of affiliated businesses and include the WorkSafeNB employer number, if available.
12. Indicate the number of full-time and part-time workers, the date the business first started to operate, and the date three or more workers were first employed in New Brunswick.
13. Describe your business activity(ies) in detail. If more space is needed, use enclosure.
14. Estimate the gross earnings anticipated to be paid in the current calendar year from the date of hiring three or more workers or the current date, if voluntary application. The maximum **2012** annual assessable earnings per worker is **\$58,100**. If the employer had three or more workers during the previous year, then report the actual gross earnings for that year from the date three or more workers hired. The maximum 2011 annual assessable earnings per worker is \$56,700.
15. Indicate whether employer hires subcontractors, and if so, for each contract indicate the complete name and address of the subcontractor, WorkSafeNB number if known, type of contract and estimated gross contract amount for the current calendar year on a separate sheet of paper. Include subcontractor information for the previous year, if applicable, as per #14.
16. Indicate both the name and title of all executive officers of an incorporated company and whether each individual executive is salaried, or the name(s) of either the proprietor or any partners who desire personal coverage. Indicate personal coverage amount for either those non-salaried officers or proprietor or partners who desire personal coverage (see section on personal coverage). If personal coverage is requested, please indicate Social Insurance Number.
17. The employer or authorized officer of the business must provide their signature, position and date on which the Application Form is completed.