

Fields marked with an asterisk (*) are mandatory.

Staff can help you complete this form.

Service Provider Use Only

Employer Reference Number	Date of Registration* (yyyy-mm-dd)
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Registered/Corporate Information

Registered/Legal Name*

Corporate Business Name (hereinafter referred to as the "Employer")*

Canada Revenue Agency/Business Number*	Total Number of Employees in Corporation (Registered Corporation)*	
Year Business Registered (YYYY)	Preferred Language*	Preferred Communication

Corporate Address

Unit Number*	Street Number*	Street Name*	PO Box
City/Town*		Province*	Postal Code*

Closest Intersection

Corporate Telephone Number*	Ext.	Corporate Fax Number	Ext.
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Mailing Address (if different from Corporate Address)

Address same as above		PO Box
Unit Number*	Street Number*	Street Name*
City/Town*		Province*
		Postal Code*

Closest Intersection

Primary Corporate Contact Details

Last Name*	First Name*	Middle Initial
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Title	Email Address
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Phone Number*	Ext.	Fax Number	Ext.
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Alternate Corporate Contact Details	Not Applicable	
Last Name	First Name	Middle Initial

Title	Email Address
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Phone Number*	Ext.	Fax Number	Ext.
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Business (Local Brand) Information (if different from Registered/Corporate Information)

Same as Registered/Corporate Information

Unit Number*	Street Number*	Street Name*	PO Box
City/Town*		Province*	Postal Code*
Closest Intersection			

Primary Branch Contact Details

Last Name*	First Name*	Middle Initial
Title	Email Address	
Phone Number*	Ext.	Fax Number Ext.

Alternate Branch Contact Details

Last Name*	First Name*	Not Applicable	Middle Initial
Title	Email Address		
Phone Number*	Ext.	Fax Number	Ext.

Company Details**Employer Business Size (Total Number of Employees in your Branch/Location)***

Briefly Describe your business and the types of occupations it supports.

Type of Sector*

If Other, specify

Type of Business

If Other, specify

Is your company currently/recently involved in layoffs?	Do you have third party liability coverage?	Which type of workplace safety insurance do you have? If alternate insurance, please specify:
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