

Application for Extended Coverage in the Motion Picture and Television Industry

Please complete this application, including the declaration at the bottom. To submit this application, click "submit" at the bottom of page.

The applicant production firm

Applicant's legal name		WorkSafeBC account number	
Name of production for which extended coverage is sought		Canada Revenue Agency business number <small>(first nine digits only)</small>	
Applicant's mailing address in British Columbia		City	Postal code
Applicant's phone number		Start date of coverage (yyyy-mm-dd)	
Name of the applicant's contact person		Contact person's title	
Contact person's phone number		Contact person's email address	
Applicant is signed onto a master or collective agreement (see note 1 below) <input type="checkbox"/> Yes <input type="checkbox"/> No		Production is an installment, a sequel, or subsequent season <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's representative for workers' compensation purposes in British Columbia

Representative's legal name		Representative's mailing address in British Columbia	
Name of the representative's contact person	Contact person's title	City	Postal code
Contact person's phone number	Fax number	Contact person's email address	

1. The Applicant is a production firm that is signed onto a master or collective agreement between producers and unions in force at the time coverage is requested; or is acting under such an agreement and will shortly be signed onto such an agreement.
2. WorkSafeBC may, on the application of a production firm, and at its sole discretion, deem an eligible individual who is engaged in work for or for the benefit of the production firm to be a worker of that production firm for the purposes of British Columbia's *Workers Compensation Act* (the Act), for the period or periods of time that the work is performed. Such extension of coverage and responsibility is called "Extended Coverage."
3. Where WorkSafeBC grants Extended Coverage,
 - (a) Each individual subject to Extended Coverage is entitled to all benefits under Part 1 of the Act and is subject to all of the Act's obligations and restrictions, including the Act's bar-to-suit, which precludes that individual or the individual's dependant from advancing or maintaining any cause of action or right of recovery against any employer within the scope of Part 1 of the Act or any worker in respect of personal injury, disablement, or death arising out of and in the course of employment.
 - (b) The production firm is subject to all of the Act's obligations and restrictions, including the obligation to report and remit assessment for each individual subject to Extended Coverage.
4. The Applicant is applying for Extended Coverage. The terms and conditions of Extended Coverage include the relevant sections of the Act, the provisions of Assessment Manual Item: AP1-2-4, and the terms on this application.
5. The Applicant understands that if WorkSafeBC grants Extended Coverage, the Applicant will be the employer of its own workers and of those individuals subject to Extended Coverage.
6. The Applicant understands that it must include the earnings of all individuals subject to Extended Coverage in the assessable payroll it reports to WorkSafeBC. The applicant must keep all earnings information in its financial records available for audit purposes for six years.
7. The Applicant agrees to take all reasonable steps to inform individuals and firms engaged to provide services in the production of the fact and currency of the Extended Coverage.

I am authorized to make this application for Extended Coverage on behalf of the Applicant. Under that authority, I certify the following: I have accurately completed this application on the Applicant's behalf; and the Applicant is aware of, acknowledges, and consents to fulfill its responsibilities in all matters with respect to Extended Coverage as governed by the *Workers Compensation Act*, WorkSafeBC's regulations and policies, and the terms on this application.

Name of authorized signatory	Title	Date (yyyy-mm-dd)
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WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171. For general inquiries, contact the Assessment Department at 604.244.6181 or toll-free in Canada at 1.888.922.2768.