

WORK PLACEMENT INSURANCE AGREEMENT

- This placement is with a WSIB Employer
- This placement is with an employer who will provide Workplace Safety Insurance Coverage (which provides an alternative coverage to WSIB)
- The Employer will provide the accident coverage for the employee during this placement
- We will comply with the Occupational Health and Safety Act and the Employment Standards Act

We at _____ are
(Company Name)

A WSIB Employer

Or

An Employer who has Alternative Workplace Safety Insurance Coverage

And

Have Third Party Liability Insurance

Employer's Signature

Date

Company Name

Delivery Agency Signature

Date