



**MAIL FORM TO:**  
P.O. Box 9000  
St. John's NL A1A 3B8

**FAX FORM TO:**  
709.778.1110

**CALL US AT:**  
709.778.1140  
1.800.563.9000

**VISIT US AT:**  
workplacenl.ca

## Householder Coverage Application

**See reverse for terms and conditions of Householder Coverage**

*Firm Number (For Office Use Only)*

<i>Applicant Name</i>	<i>Work Site Location</i>
<i>Applicant Mailing Address</i>	

### Coverage Requested

<input type="checkbox"/> General Labour	<input type="checkbox"/> Respite Care	<input type="checkbox"/> Other: Provide Details:
<i>Rate (\$)</i>	<i>Start Date (yyyymmdd)</i>	<i>End Date (yyyymmdd)</i>
<i>Coverage Amount – Labour Cost for the Period (\$) (Minimum \$920.64 per 28 days, per worker)</i>		
<i>Amount Remitted (\$)</i>		
<b>List the individual(s) who will be performing the work</b>		
<i>Print Name</i>	<i>Print Name</i>	<i>Print Name</i>

I apply to WorkplaceNL under Section 38(3) of the <i>Workplace Health, Safety and Compensation Act</i> for Householder Coverage and certify that the information provided above is correct.	
<i>Print Name</i>	<i>Telephone Number</i>
<i>Signature</i>	<i>Date</i>

## TERMS AND CONDITIONS OF HOUSEHOLDER COVERAGE

1. Application to WorkplaceNL for Householders' Coverage can be made by a private individual when hiring other individuals to do work in or around the residence of the householder. Please check which type of work you will be having done.
2. If the assessment rate for the type of work has not been provided by the Assessment Services Department, please call (709) 778-1189 to determine the rate which applies to you. Rates are per \$100 of labour costs.
3. Provide the street location where the work will be performed.
4. Provide the scheduled start and end dates of the work. Householder Coverage is effective from the date we receive your application or from the coverage date requested in this application, whichever is latest. Coverage automatically expires on December 31st of each year or on the last coverage date requested by the applicant, whichever is earliest. Renewal applications are required if the applicant(s) wishes to continue with coverage after the expiration date.
5. The minimum coverage period is 28 days and the minimum coverage amount for this period is \$920.64 per worker. The maximum estimate of labour is \$65,600 per year per worker or \$1,261.54 per week.
6. Householder coverage assessment premiums must be paid in full, in advance. Payment must accompany the application or the application will not be accepted. To calculate the amount to remit to WorkplaceNL, multiply the rate from line (2) by the estimate of labour cost in line (5) and divide by 100. If the resulting amount is less than \$50.00, a non-refundable minimum assessment charge of \$50.00 must be remitted.
7. If the worker(s) of the applicant suffers a work-related injury, proof of earnings must be submitted with the claim for lost wages. Lost time benefits will be paid only on the amount of demonstrated earnings, but in no situation will they exceed the amount of coverage requested in this application. Coverage is only extended for the worker(s) listed on this application.
8. Provide your complete mailing address.
9. By signing this form, the applicant applies to WorkplaceNL for workers' compensation coverage of workers otherwise excluded under Regulation 4 of the Workplace Health, Safety and Compensation Act. In the event this application is accepted by WorkplaceNL, the applicant agrees to be bound by all the provisions of the Act and the Regulations made under the Act.