

## 2026 PERSONAL COVERAGE APPLICATION

PO Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 wcb.pe.ca  
 Phone: 902-368-5680 Toll-free: 1-800-237-5049 Fax: 902-368-5696  
 Email: safetymatters@wcb.pe.ca

**APPLICANT INFORMATION (This coverage is for proprietors or partners of a non-incorporated business, owners or directors of a corporation and independent operators)**

Applicant Name:		Trade/Company Name (s):	
WCB Firm Number and Operation Number(s):		CRA Business Number:	
Contact Name:		Contact Email:	
Address:		City/Town:	
Province:	Postal Code:	Telephone:	Fax:

**IMPORTANT APPLICATION INFORMATION**

**Please make sure to complete every section of this application form.**

- It is important to base the amount of coverage you purchase on your actual personal employment earnings.
- When you have more than one operation, you must indicate on this application for which operations you wish to purchase WCB Personal Coverage.
- When you apply for less than a full year of coverage, your amount payable will be prorated over and above the minimum coverage. The minimum coverage is equal to 20% of the Maximum Assessable Earnings (MAE).
- You can purchase a minimum of \$17,860 per year to a maximum of \$89,300 per year in Personal Coverage.
- There is a minimum fee of \$50 per year for Prince Edward Island residents and \$100 for non-residents.
- If you employ workers, you must also complete an Employer Registration Form or Employer Registration Renewal Form for your business.
- For more information, please review the Frequently Asked Questions on the WCB website.

**COVERAGE DETAILS**

Please select which status is applicable:

Proprietor  Partner  Owner or Director of a Corporation  \*Independent Operator

\*If you are an Independent Operator, please complete the Independent Operator Checklist found on the WCB website.

Start Date of Coverage:	End Date of Coverage:	Auto Renewal <input type="checkbox"/>
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**If you select Auto Renewal, you must renew your coverage by submitting the Personal Coverage Renewal form back to the WCB by February 28, 2026, or your coverage will be cancelled.**

Please indicate the annual earnings amount of Personal Coverage you want to purchase \$

\$	\$	\$
Assessment Rate per \$100	× Annual Personal Coverage Amount	÷ by 100 = Amount Payable

## TERMS AND CONDITIONS OF PERSONAL COVERAGE

- All applications for Personal Coverage will be reviewed by the WCB and you will be advised of the decision in writing.
- When your application is approved and your payment is received, coverage begins on that date or on the start date requested on the application, whichever is later.
- If you apply for compensation benefits, you will be required to submit proof of your earnings such as your tax return or pay stubs. Wage Loss benefits are based on the lesser of your actual earnings or the Personal Coverage purchased.
- If you wish to cancel your coverage, you must advise the WCB in writing. If you don't renew your coverage by **February 28 of each year**, your coverage will be cancelled. The WCB reserves the right to cancel Personal Coverage at any time.

## APPLICATION DECLARATION

By submitting this application, I confirm that I have read and understood the Important Application Information, the Terms and Conditions of Personal Coverage and the requirements of this application. I confirm that the information provided is complete and accurate to the best of my knowledge. I understand that it is an offence to provide false or misleading information or to omit relevant information from this application.

Applicant Signature:

Date:

Information on this form is collected for the purposes of administering and enforcing the *Workers Compensation Act* and is collected under the authority of that *Act* and section 31 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, PO Box 757, 14 Weymouth Street, Charlottetown, PE, C1A 7L7, 902-368-5680, toll-free at 1-800-237-5049 or [accessandprivacy@wcb.pe.ca](mailto:accessandprivacy@wcb.pe.ca)

Your opinion is important to us. To improve services, the WCB may contract an independent survey company to survey a sample of employers. The WCB does not know which employers will be contacted. If you are contacted, we encourage you to participate. The research company does not share your personal responses with the WCB.