

FIELD PLACEMENT

Once your placement has been confirmed by the College, contact the company you will be placed with and ask the following question to determine which insurance you will be covered by:

Are they covered under the Workplace Safety Insurance Board (WSIB)?

Yes _____ No _____ (If no, complete the “acknowledgement of Insurance” form.)

If no, you will be covered under ACE INA Insurance (Application Industry)

Company Name: _____

Company Address: _____

Company Phone: _____

Company Fax: _____

Employer Contact: _____

Student's Name: _____

Program: _____

Type of Placement: _____

Date of Placement with Employer: _____ to _____

Total Hours of Placement in the above period: _____ hours.

When form is completed, please return to your faculty designate.

If the employer is not covered under WSIB, you must complete the Acknowledgement of Insurance form *prior* to your placement.