

ACORD 171 FL (2014/10) - FLORIDA NOTICE OF ELECTION OF COVERAGE UNDER WORKE

ACORD 171 FL, Florida Notice of Election of Coverage, is used to notify the Florida Department of Financial Services, Division of Workers' Compensation, Bureau of Compliance, that sole proprietor(s) or partner(s) elect to be included in the definition of employee for the purpose of entitlement to benefits under a Workers' Compensation policy.

ACORD 171 FL is the same as the Florida Division of Workers' Compensation form DFS-F2-DWC-251, Revised 08/13.

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Section Name	Field Name	Description
NOTICE OF ELECTION OF COVERAGE	Sole Proprietor	Check the box (if applicable): Indicates the legal entity code for the named insured is "Sole Proprietor".
NOTICE OF ELECTION OF COVERAGE	Partner	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
NOTICE OF ELECTION OF COVERAGE	Name of Business	Enter text: The full name of the organization.
NOTICE OF ELECTION OF COVERAGE	Trade Name (D/B/A; A/K/A)	Enter text: The name by which an organization is doing business.
NOTICE OF ELECTION OF COVERAGE	Business Mailing Address Line 1	Enter text: The first line of the organization's mailing address.
NOTICE OF ELECTION OF COVERAGE	Business Mailing Address Line 2	Enter text: The second line of the organization's mailing address.
NOTICE OF ELECTION OF COVERAGE	Business Mailing Address City	Enter text: The city of the organization's mailing address.
NOTICE OF ELECTION OF COVERAGE	Business Mailing Address County	Enter text: The county name associated with the named insured's business address.
NOTICE OF ELECTION OF COVERAGE	Business Mailing Address State	Enter code: The state or province of the organization's mailing address.
NOTICE OF ELECTION OF COVERAGE	Business Mailing Address Zip Code	Enter code: The postal code of the organization's mailing address.
NOTICE OF ELECTION OF COVERAGE	Federal Employer Identification Number	Enter identifier: The tax identifier of the named insured. As used here, the Federal Employer Identification Number of the business.
NOTICE OF ELECTION OF COVERAGE	Unemployment Insurance Number	Enter identifier: The state unemployment account number for the employer of the individual to be included or excluded under the policy provisions. As used here, in Florida, this is the seven digit Reemployment Tax Account Number.

NOTICE OF ELECTION OF COVERAGE	Business Telephone Number	Enter number: The phone number of the employer.
NOTICE OF ELECTION OF COVERAGE	Name of Insurer	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here, the name of the insurer providing Workers' Compensation coverage.
NOTICE OF ELECTION OF COVERAGE	Insurer Address Line 1	Enter text: The first line of the insurer's mailing address.
NOTICE OF ELECTION OF COVERAGE	Insurer Address Line 2	Enter text: The second line of the insurer's mailing address.
NOTICE OF ELECTION OF COVERAGE	Insurer City	Enter text: The city of the insurer's mailing address.
NOTICE OF ELECTION OF COVERAGE	Insurer State	Enter code: The state or province code of the insurer's mailing address.
NOTICE OF ELECTION OF COVERAGE	Insurer Zip Code	Enter code: The postal code of the insurer's mailing address.
NOTICE OF ELECTION OF COVERAGE	Policy Number	Enter identifier: The identifier assigned by the insurer to the workers' compensation and employers liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
NOTICE OF ELECTION OF COVERAGE	Effective Date of Policy	Enter date: The effective date of the workers' compensation and employers liability policy. The date that the terms and conditions of the policy commence.
NOTICE OF ELECTION OF COVERAGE	Applicant Name - 1	Enter text: The full name of the partner or executive officer being included or excluded by the policy.
NOTICE OF ELECTION OF COVERAGE	Date - 1	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
NOTICE OF ELECTION OF COVERAGE	Employee Signature - 1	Sign here: Accommodates the signature of the individual electing or rejecting coverage.
NOTICE OF ELECTION OF COVERAGE	Applicant Name - 2	Enter text: The full name of the partner or executive officer being included or excluded by the policy.
NOTICE OF ELECTION OF COVERAGE	Date - 2	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
NOTICE OF ELECTION OF COVERAGE	Employee Signature - 2	Sign here: Accommodates the signature of the individual electing or rejecting coverage.

NOTICE OF ELECTION OF COVERAGE	Applicant Name - 3	Enter text: The full name of the partner or executive officer being included or excluded by the policy.
NOTICE OF ELECTION OF COVERAGE	Date - 3	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
NOTICE OF ELECTION OF COVERAGE	Employee Signature - 3	Sign here: Accommodates the signature of the individual electing or rejecting coverage.