

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 173 CT (2006/08)</b>	<b>Worker's Compensation  Commission of Connecticut,  Coverage Election by Sole  Proprietor or Single-Member LLC</b>	Use this form to notify the Workers Compensation Commission of Connecticut that a sole proprietor of a business or single-member LLC elects to either be included in workers compensation coverage, or to revoke any previous election of inclusion.  This notice becomes effective only after served upon the employer and the District Compensation Commissioner by personal delivery, registered or certified mail.