

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 172 NY (7/96)</b>	<b>New York Notice of Election of a Partnership or Sole Proprietorship to Bring Partners or Self-Employed Persons Under the Coverage of the New York Workers' Compensation Law</b>	<p>Use this form when a member of a partnership or a sole proprietor of a business elects to be included under workers compensation insurance coverage.</p> <p>This form must be retained by the workers compensation insurance carrier. Copies must be sent to each person named in the form.</p>