Account Registration Form
(For Acadia Insureds)

Account Information

Company Name		Client ID	
Main Location Address			
Additional Locations	☐ N/A ☐ Yes # Total Locations:	Number of Employees	

Primary Contact	Name	
	Email	
	Phone	
	Title	

Secondary Contact	Name	
	Email	
	Phone	
	Title	

Company Profile

Lines of business covered by Acadia Insurance:	☐ Auto ☐ Property ☐ General Liability ☐ Workers' Comp. ☐ Marine ☐ Other
What are your current safety concerns and/or training needs?	
Who is currently providing the required training?	☐ Internal Instructor (Employee) ☐ External Instructor or Program Instructor's Name:
Which additional applications would your company be interested in utilizing?	☐ Online Individual Employee Training Assignment ☐ Group-Style Trainings ☐ Subcontractor/Vendor Certificate of Insurance (COI) Record Keeping ☐ Workplace Injury/Incident Record Keeping ☐ Safety Data Sheet (SDS) Record Keeping ☐ Audit/Self-Assessment/Checklist Creator ☐ Human Resources Portal
Any additional comments?	

Please email completed form to virtuallc@acadia-ins.com and a member of Acadia's Virtual Loss Control Team will reach out to you to schedule a virtual walkthrough of the system.