

U.S. Risk, LLC | 14241 Dallas Parkway, Suite 850, Dallas, Texas 75254

Patient/Claimant Name: _____ Age: _____ Male Female
 Location of Incident: _____ Date of Incident: _____
 Name of Insurer: _____ Date Reported to Insurer: _____
 Type: Suit Demand for Money Incident Only Notice of Intent to Sue Request for Records
 Other (please describe): _____

1. Summary of condition/diagnosis at time of incident: _____
2. Description of treatment rendered, including dates: _____
3. Allegations: _____
4. Other persons and entities involved: _____
5. Status/Disposition:
 Open—Describe current status and defense strategy: _____
 Closed without indemnity payment Settled Judgment/Verdict for defense Judgment/Verdict for plaintiff

If Closed, Date Closed: _____

Amount Reserved for:	Indemnity	Defense	Amount Paid on:	Indemnity	Defense
You	\$ _____	\$ _____	Your behalf:	\$ _____	\$ _____
Other Defendants	\$ _____	\$ _____	Behalf of other defendants:	\$ _____	\$ _____

6. Has there been a change in practice as a result of this claim, suit or incident? Yes No
If yes, what risk mitigation practices have been implemented? _____

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SIGNATURE PANEL

It is understood and agreed that if any such fact(s), incidents, act(s), circumstance(s) or occurrence(s) exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by U.S. Risk HealthcarePros.

It is agreed that this Application, in addition to any additional requested supplement applications submitted to U.S. Risk Healthcare Pros in conjunction with the underwriting and issuance of insurance coverage for which this policy is a renewal or replacement or otherwise succeeds in time, and those applications together with this Application shall constitute the complete application which shall be the basis of any quote which may be made.

I/We hereby declare that the statements and particulars in this application are true and I/we agree that this application shall be the basis of the contract with the insurance company.

Applicant signature

Date

Typed or printed name: _____

Title: _____