U.S. Risk *HealthcarePros*

Claims History Supplemental Information Form

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

Locati Name	t/Claimant Name: on of Incident: of Insurer: Suit Demand fo Other (please describe Summary of condition/dia Description of treatment r Allegations: Other persons and entities Status/Disposition: Open—Describe curre									
	☐ Closed without indemnity payment ☐ Settled ☐ Judgment/Verdict for defense ☐ Judgment/Verdict for plaintiff If Closed, Date Closed: ☐ Closed: ☐ Date Clos									
	Amount Reserved for:	Indemnity	Defense	Amount Paid on:	Indemnity	Defense				
	You	\$	\$	Your behalf:	\$	\$				
	Other Defendants	\$	\$	Behalf of other defendants:	\$	\$				
Locati Name	on of Incident: of Insurer: Suit Demand fo Other (please describe	Date Roof Intent to Sue ☐ Request	Date of Incident: eported to Insurer: for Records							
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	Amount Reserved for:	Indemnity	Defense	Amount Paid on:	Indemnity	Defense				
	You Other Defendants	\$	\$	Your behalf: Behalf of other defendants:	\$	\$				
6.	Has there been a change i	•		cident? Yes No						

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ere been a change i	n practice as a result o	of this claim, suit or in	cident? Yes No	\$	\$			
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Patient/Claimant Name: Age: Location of Incident: Date of Incide Name of Insurer: Date Reported to Insur Type: Suit Demand for Money Incident Only Notice of Intent to Sue Request for Records Other (please describe):								
Summary of condition/diagnosis at time of incident: Description of treatment rendered, including dates: Allegations: Other persons and entities involved: 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:								
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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:

