

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

## APPLICANT INSTRUCTIONS

- This form is to be completed by Applicant regarding any claim or suit during the past five (5) years or any facts, circumstances, acts, errors, or omissions of which applicant is aware which may give rise to a claim. **Complete one form for each such claim or circumstance.**
- If space is insufficient to answer any question fully, attach a separate sheet.
- Answer all questions completely.

1. Full name of Applicant: \_\_\_\_\_

2. Full name(s) of individual(s) involved or named in the claim: \_\_\_\_\_

3. Full name of Claimant: \_\_\_\_\_

4. Indicate whether:  Claim/suit  Incident

5. Date of alleged error: \_\_\_\_\_ Date of claim: \_\_\_\_\_

6. Additional defendant (if any): \_\_\_\_\_

### 7. IF CLOSED:

Total Loss Paid including Deductible: \$ \_\_\_\_\_

Legal Expenses Paid: \$ \_\_\_\_\_

### 8. IF PENDING:

Claimant's settlement demand: \$ \_\_\_\_\_ Loss reserves: \$ \_\_\_\_\_

Defendant's offer of settlement: \$ \_\_\_\_\_ Loss paid to date: \$ \_\_\_\_\_

Expense reserves: \$ \_\_\_\_\_ Expenses paid to date: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ Is claim in suit?  Yes  No

**If yes**, amount asked in summons: \$ \_\_\_\_\_

9. Name of Insurer (if any): \_\_\_\_\_

10. Description of claim (provide enough information to allow evaluation and attach an additional sheet if required):

a. Alleged act, error or omission upon which claimant bases claim:

b. Description of the type and extent or injury or damage allegedly sustained:

11. What preventive measures has the applicant implemented to ensure claims will not occur in the future?

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**I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.**

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name:

\_\_\_\_\_  
Title: