U.S. Risk
8401 N. Central Expressway
Suite 1000
Dallas, TX 75225

Claim/Incident Supplemental Application

P: (214) 265-7090
(800) 232-5830
F: (214) 265-4932
E: dalprosub@usrisk.com

1. **This form is to be completed by the Applicant regarding each 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.**
2. **If additional Supplements are required, please copy blank report.**
3. **If space is insufficient to answer any question full, attach a separate sheet.**
4. **Answer all questions completely.**

1. Applicant Name: _____
2. Full name of individual(s) involved or named in the claim:
   _____
3. Full name of claimant(s):
   _____
4. Indicate the type of claim:
   ☐ Claim/Suit ☐ Incident
5. Date of alleged act, error or omission: _____
6. Date claim made against applicant: _____
7. Is the claim/incident: ☐ Closed ☐ Open
8. Is the claim in suit: ☐ Yes ☐ No
9. Description of claim (provide enough information to allow evaluation and use separate sheet if additional space is required):
   a. Alleged act, error or omission upon which the claimant bases claim:
   _____
   _____
   _____
   b. Description of the type and extent of injury or damage allegedly sustained:
   _____
   _____
   _____
   _____
10. Answer all that apply:

Claimants Settlement Demand:	$	Loss Reserve:	$
Defendant's Settlement Offer:	$	Loss Paid to Date:	$
Expense Reserves:	$	Expense Paid to Date:	$
Deductible:	$	If Suit – Summons Demand:	$

11. Does the applicant have coverage for this current claim/incident? ☐ Yes ☐ No
    If yes, name of insurer: _____
12. Regardless of whether paid to claimant or not, has any judgement been made against the application in this matter? ☐ Yes ☐ No If Yes, Amount: _____
13. What preventative measures has the applicant implemented to ensure claims will not occur in the future?
    _____
    _____
    _____
    _____

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

Name: _____ (print name)

Title: _____ (print title)

Signature: _____ (owner, partner or senior officer)

Date: _____ (Month/Day/Year)