



US SPECIALTY UNDERWRITERS

USSU Initial Claim Reporting Form

DATE	
TPA	
EMPLOYER	
EMPLOYEE	
DATE OF INJURY	
TPA FILE #	
ADJUSTER NAME & CONTACT INFO	
SUPERVISOR NAME & CONTACT INFO	
USSU EXCESS POLICY #	
POLICY PERIOD	
SIR	
WC BENEFIT STATE	

RESERVES:

	Indemnity	Medical	Legal	Other	Totals
Paid to Date:					
Outstanding:					
Total Incurred:					

EMPLOYEE INFORMATION:

Occupation:	Date of Birth:
Date of Hire:	Average Weekly Wage:
Marital Status:	Comp Rate:
# of Dependents:	Benefit Type (TT, TP, etc.)
Any Offset Amounts (Y/N):	Modified Work Available (Y/N):

Body Part	Description of Injury	Medicare Eligible?
Coverage Statement		
Loss Facts		
Compensability Issues		
Injury Damages		
Subrogation & Second Injury Fund Information		
Litigation Status & Defense Position		
Medical Information		
Medical Case Management or Attendant Care Services Information		
Action Plan		