



REPORT OF SETTLEMENT OR ARBITRATION AWARD

Pursuant to Business and Professions Code Section 5678 & 5678.1

First Name or Insured (if applicable): _____

Address: _____

Telephone: _____

Email: _____

Landscape Architect in Responsible Control of Project

or Contact Person for Policy (if applicable): _____

Insurer (if applicable): _____

Policy Number (if applicable): _____

Claim Number (if applicable): _____

Date of Settlement or Arbitration Award: _____

Amount Paid by Insurer: _____

Amount of Settlement or Award: _____

Claimant or Plaintiff: _____

Claimant or Plaintiff's Address: _____

Submitted By: _____

Address: _____

Telephone: _____

Email: _____

THE LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE RESERVES THE RIGHT
TO REQUEST ADDITIONAL INFORMATION.