



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.