



**BUSINESS AND PROFESSIONS CODE SECTION 5588
REPORT OF SETTLEMENT OR ARBITRATION AWARD**

Please Print or Type

Firm Name or Insured (if applicable): _____

Address: _____

Telephone: _____

Architect in Responsible Control of Project: _____

Architect's License Number: _____

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: _____

Licenseses - Please include the following with your report:

- An explanation of the events and circumstances leading to the dispute and settlement or arbitration award and any additional information to explain this matter.
- A copy of the original cause for action, such as a demand letter, claim, formal complaint, accusation, allegation, etc.
- A copy of the settlement agreement or arbitration award
- A copy of the architectural services contract.

The California Architects Board reserves the right to request additional information.