



**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**

**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:** \_\_\_\_\_

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