



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**  
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**Report of Settlement, Judgment or Arbitration Award  
In Excess of \$3000  
(Submit within 30 days of Disposition)**

**Name of Insurance Company, Address and Phone Number:**

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**Insured's Name, Address, License Number (if available):**

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**Name of Court/Date of Filing/Docket Number:**

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**Plaintiff's/Claimant's Name & Address:**

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**Brief Description of Facts Upon Which Claim Was Made and Date of Loss:**

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