

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF OCCUPATIONAL THERAPY 1610 Arden Way Suite 121, Sacramento, CA 95815 P (916) 263-2294 F (916) 567-9534 E cbot@dca.ca.gov W www.bot.ca.gov



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:		
Insured's Name, Address, License Number (if available):		
Name of Court/Date of Filing/Docket Number:		
Plaintiff's/Claimant's Name & Address:		
Brief Description of Facts Upon Which Claim Was Made and Date of Loss:		

Name and Address of Plaintiff's Counsel		
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Names and A	ddresses of All of the Defendant's Counsel:	
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Date and Am	ount of Judgment or Settlement:	