



**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:
