



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

REPORT OF SETTLEMENT, JUDGMENT OR ARBITRATION AWARD
by
Professional Liability Insurance Carriers
Pursuant to Section 800, 801, 804 of the California Business and Professions Code

INSUROR
Name: Telephone:
Address:
City: State: Zip:
RN/PROVIDER
Name: License #:
Address:
City: State: Zip:
Policy Number:
Counsel's Name:
Address:
City: State: Zip:
NOTE: On reverse, enter full name(s) of other RNs or health care providers who were claimed or alleged to have acted improperly...
PLAINTIFF/CLAIMANT
Name:
Address:
City: State: Zip:
Hospital Name:
Hospital Address:
Incident Date: Date of Admittance:
Hospital Chart #: Patient Date of Birth:
Counsel's Name:
Address:
City: State: Zip:
Enter, on reverse, a description or summary of the facts upon which each claim, charge or judgment rested including date of occurrence...
Case Resulted in: (check one) [] Settlement [] Judgment [] Arbitration
Date Resolved: Amount of Settlement:
Filing Date: Total Paid on Behalf of RN:
Name/Location of Court/Arbitrator: Docket #:

I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge the information provided within this report and any attachments is true and correct.

Signature of Responsible Agent or Insurer

Name and Title

Date