

**NOTE: Please do not provide medical information or records with this notification.**

## **COVER SHEET**

### **INSURER FAIR CONDUCT ACT**

**Please fill out and attach with your claim submission to the OIC**

**ATTN:** Office of Insurance Commissioner  
Insurance Fair Conduct Act Claim Notification  
Attn: Christine M. Tribe, Paralegal  
P.O. Box 40255  
Olympia, WA 98504-0255

**Insurance Company:** \_\_\_\_\_

**Complainant/Insured:** \_\_\_\_\_

**Line of Insurance:** \_\_\_\_\_

**Reason for claim:**

WAC 284-30-330, "Specific Unfair Claims Settlement Practices Defined";

WAC 284-30-350, "Misrepresentation Of Policy Provisions";

WAC 284-30-360, "Failure To Acknowledge Pertinent Communications";

WAC 284-30-370, "Standards For Prompt Investigation Of Claims";

WAC 284-30-380, "Standards For Prompt, Fair And Equitable Settlements  
Applicable To All Insurers";

An unfair claims settlement practice rule adopted and codified in chapter 284-30 of  
the Washington Administrative Code by the insurance commissioner intending to  
implement the Insurer Fair Claims Act; or

RCW 48.30.\_\_\_\_ for unreasonably denying a claim for coverage or payment of  
benefits under the Insurance Fair Conduct Act.

Other