

Use this form to request an investigation of an insurance agent, adjuster or broker.

* Indicates a required field

I. Your contact information

* Name: _____
* Address: _____
* City: _____ * State: _____ * Zip: _____
* Home phone: () _____ Work phone: () _____
Cell phone: () _____ Email: _____

Insured contact information (* if different than above)

Name of policyholder: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: () _____ Work phone: () _____
Cell phone: () _____ Email: _____

2. Insurance information

* Insurance company: _____
Policy #: _____

3. Agent or broker information

* Agent/Broker name: _____
Company name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____

4. Define your problem

* Give a brief explanation of the problem: _____

5. How did you hear about us?

Example: friends, family, phone book, internet, etc: _____

6. Declaration

By filling in my name and date below, I declare the information contained on this form is true and accurate.

* Name: _____ *Date: ____ / ____ / _____

7. Submit documents

Are you sending supporting documents? Yes No

If yes, please do not send original documents, copies only please.

Once you have completed this form, please mail or fax it and all (if any) supporting documents to:

Washington State Office of the Insurance Commissioner

P.O. Box 40255

Olympia, WA 98504-0257

or Fax to: (360) 586-0152

If you have any questions, please contact investigations at (360) 725-7060
or email InvestigationRequest@oic.wa.gov