

Arthur Patey
1706 Front St #587

Lynden WA 98264 -1261
604.200.7159 / 360.975.3719 / arthurspatey@yahoo.com

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Office of Insurance Commissioner / WA
PO Box 40255
Olympia WA 98504-0255

Demand for Hearing

Dear Sirs,

I humbly request a hearing (I only use the word "Demand" as I was instructed) to reconsider your decision to not grant me a life / Disability license.

I was in the business 20 years with no problems and later made a few mistakes outside of the insurance industry and have paid dearly for them for the last 10 years.

I've had to move to Canada just to have an apartment and job but I cannot get a new start in USA even after all these years, I am separated by the Pacific Ocean from my 9 kids & my 2nd son but I cannot get a travel order to bring my family & I together due to finances. Please issue a probationary license. Thank you.
Regards / A Patey 2014.11.20 arthurspatey@yahoo.com

Cairns, Kelly (OIC)

From: Penn, Cheryl (OIC)
Sent: Wednesday, December 17, 2014 7:57 AM
To: Cairns, Kelly (OIC)
Cc: Baughman, Jeff (OIC)
Subject: FW: Your Applications for Letter of Written Consent and Insurance Producer License

Good morning Kelly,

I understand that Mr. Patey has requested a hearing. Below is the email sent denying his 1033 and producer license applications. We will make a referral to Legal to defend our decision. Thanks.

Cheryl Penn

From: Penn, Cheryl (OIC)
Sent: Wednesday, November 19, 2014 11:16 AM
To: 'Arthur Patey'
Subject: Your Applications for Letter of Written Consent and Insurance Producer License

Mr. Patey:

This email is to inform you that your application for a Letter of Written Consent, and your application for an insurance producer license have both been denied. The denial is based the fact that you have three felony convictions for identity theft and financial fraud. The convictions occurred in 2007 and include elements of dishonesty, and financial misconduct. It is a conviction that directly correlates with the nature of insurance.

You have the right to demand a hearing to contest this decision. During this hearing, you can present your argument that the decision should not have been entered for legal and/or factual reasons and/or to explain the circumstances surrounding the activities which are the subject of this decision. You may be represented by an attorney if you wish, although it is not required. In many hearings before this agency parties do choose to represent themselves without an attorney. Your Demand for Hearing must be made within 90 days after the date of this decision, which is the date of this email, or the Demand will be invalid and this decision will stand.

The Demand for Hearing should be sent to Hearing Unit, Office of the Insurance Commissioner, P.O. Box 40255, Olympia, WA, 98504-0255, and must briefly state how you are harmed by this decision and why you disagrees with it. You will then be notified both by telephone and in writing of the time and place of the hearing. If there are any questions concerning filing a Demand for Hearing or the hearing process, please telephone the Hearings Unit, at 360-725-7002.

Cheryl Penn, ACP

Licensing Compliance Supervisor
Producer Licensing & Oversight

Washington State Office of the Insurance Commissioner
360.725.7153 | cherylp@oic.wa.gov

P.O. Box 40257, Olympia, WA 98504-0257 / fax 360.586.2019

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