

FILED

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

2015 MAR -4 P 1:14

In the Matter of)	Docket No. 15-0035
)	
JOSEPH P. BURGMAN,)	NOTICE OF HEARING
)	
Applicant.)	
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TO: Joseph P. Burgman
1642 Mill Drive
Lacey, WA 98503

COPY TO: Mike Kreidler, Insurance Commissioner
James T. Odiorne, J.D., CPA, Chief Deputy Insurance Commissioner
John F. Hamje, Deputy Commissioner, Consumer Protection Division
Jeff Baughman, Licensing Manager, Consumer Protection Division
Marcia Stickler, Insurance Enforcement Specialist, Legal Affairs Division
AnnaLisa Gellermann, Deputy Commissioner, Legal Affairs Division
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

This Notice is provided pursuant to RCW 48.04.010 and RCW 34.05.434.

On November 11, 2014, the Office of the Insurance Commissioner (“OIC”) Licensing Compliance Supervisor, Cheryl Penn, sent an email to Mr. Burgman (“Denial Letter”), informing him that his application for a Letter of Written Consent had been denied, based on his four 2008 felony convictions for first degree theft. Ms. Penn stated that the convictions included elements of dishonesty and financial misconduct directly correlating with the nature of insurance.

Mr. Burgman submitted a Demand for Hearing (“Demand”), dated February 10, 2015, and filed February 11, 2015, contesting the OIC’s decision. Mr. Burgman stated that the OIC’s decision harms his income potential; he has licensed insurance broker Clark Cotner ready to affiliate with him; he works daily with the victim of his crimes (his father); he never before or after his crimes committed other crimes or been in trouble; he would be a productive and honest agent; and the convictions resulted from his attempt to cover up losses in a bad investment recommended by his attorney.

On March 4, 2015, the undersigned held a first prehearing conference. The OIC was represented by Marcia Stickler, Attorney at Law, Insurance Enforcement Specialist in the OIC’s Legal Affairs Division. Mr. Burgman appeared pro se. After considering the views of the parties as to hearing dates and procedures:

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YOU ARE HEREBY NOTIFIED that a hearing will be held at the Office of the Insurance Commissioner, 5000 Capitol Blvd., Tumwater, WA, beginning March 31, 2015, at 10:00 AM, Pacific Time. The hearing is expected to conclude by noon March 31, 2015, but will continue until terminated. The purpose of the hearing is to consider whether the OIC's denial of Mr. Burgman's applications for a Letter of Written Consent should be upheld.

By March 24, 2015, the parties shall exchange copies of any documents that they may offer into evidence at the evidentiary hearing, including witness declarations or affidavits.

Mr. Burgman may present the testimony of Mr. Cotner and his father by declaration or affidavit, telephonically, or in person. The OIC's witnesses are expected to testify in person.

The hearing will be governed by the Administrative Procedure Act, Chapter 34.05 RCW, and the model rules of procedure contained in Chapter 10-08 WAC. All parties may be represented and may examine witnesses, respond, and present evidence and argument on all relevant issues.

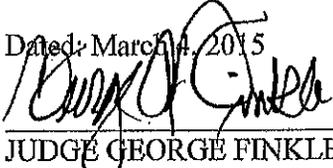
A party who fails to attend or participate in the hearing or another stage of this proceeding may be held in default in accordance with Chapter 34.05 RCW. *See*, RCW 34.05.434(2)(i).

Judge George Finkle (Ret.), Presiding Officer, has been designated by the Insurance Commissioner to hear and determine this matter. The hearing will be held under the authority granted by the Insurance Commissioner under Chapter 48.04 RCW.

Pursuant to WAC 10-08-040(2) and in accordance with Ch. 2.42 RCW, if a limited English speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by Ch. 2.42 RCW. A Request for Interpreter form, with instructions, is attached to the original of this Notice.

All case related documents and correspondence shall be directed to the Hearings Unit, Office of Insurance Commissioner, P.O. Box 40255, Olympia, Washington 98504-0255. All interested individuals and entities who have questions or concerns concerning this proceeding should direct them to the Hearings Unit paralegal, Kelly Cairns, at the same address. Ms. Cairns' telephone number is (360) 725-7002.

Dated: March 4, 2015



JUDGE GEORGE FINKLE (Ret.)
Presiding Officer

Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington that on the date listed below, I mailed or caused delivery through normal office mailing custom, a true copy of this document to the following people at their addresses listed above: Joseph P. Burgman, Mike Kreidler, James T. Odiorne, J.D., CPA, John F. Hamje., Jeff Baughman, Marcia Stickler, and AnnaLisa Gellermann.

DATED this 5th day of March, 2015.


KELLY A. CAIRNS

OFFICE OF INSURANCE COMMISSIONER
HEARINGS UNIT
Fax: (360) 664-2782

To request an interpreter, complete and mail this form to:

Presiding Officer
Hearings Unit
Office of Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

REQUEST FOR INTERPRETER

I am a party or witness in Matter No. 15-0035 before the Insurance Commissioner. I NEED AN INTERPRETER and request that one be furnished.

Please check the statements that apply to you:

I am a non-English-speaking person. I cannot readily speak or understand the English language. My primary language is _____ (insert your primary language). I need an interpreter who can translate to and from the primary language and English.

I am unable to readily understand or communicate the spoken English language because:

- I am deaf.
- I have an impairment of hearing.
- I have an impairment of speech.

[Please state below or on the reverse side any details which would assist the Commissioner or Presiding Officer in arranging for a suitable interpreter or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: _____ Signed: _____

Please print or type your name: _____

Address: _____

Telephone: _____