

Cairns, Kelly (OIC)

From: Terry Foster [horseplay67@hotmail.com]
Sent: Tuesday, December 06, 2011 11:44 AM
To: Cairns, Kelly (OIC)
Subject: FW: Your Ability to Re-Apply for an Insurance License
Attachments: ApplicationStatus[1].pdf

FILED

2011 DEC -6 P 12:48

Kelly,

Hearing Officer, OIC
Patricia D. Peterson
Chief Hearing Officer

I am requesting a hearing regarding the denial of my Insurance License.

I have attached a copy of the email from Cheryl Penn that includes the denial letter.

I am requesting the hearing to see if the decision of denial can be overturned.

My current job with Sharee Redfield Insurance, LLC (Allstate) requires me to have an insurance license. I have been employed with Sharee now for 7 months.

I had to complete a background check and application process with Allstate and they accepted my application. I am hoping with a hearing with OIC I will also be able to present the circumstances involved so that I may be issued a license. I feel a hearing is necessary to present all factors involved in the denial of my initial application.

I have had continued employment since I was of working age with a brief interruption in December 2010. I would like to continue being a productive part of society by staying employed with Allstate and Sharee Redfield.

Thank you for your assistance in this matter.

Sincerely,

Terry A. Foster
(253) 350-2709

Subject: RE: Your Ability to Re-Apply for an Insurance License
Date: Mon, 5 Dec 2011 13:22:07 -0800
From: CherylP@OIC.WA.GOV
To: horseplay67@hotmail.com

Ms. Foster:

Per your request – the initial denial of your application is on the attached application and is dated 9/6/2011. You just need to scroll down through the application to find Licensing Program Manager Jeff Baughman's statement to you.

Cheryl Penn, Compliance Analyst

Consumer Protection Division - Licensing & Education
Washington State Office of the Insurance Commissioner

360.725.7153 | cherylp@oic.wa.gov | www.insurance.wa.gov

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

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Protecting Insurance Consumers
(Insurance Consumer Hotline 1.800.562.6900)

Application Audit Status

Entity Details:

Application Type Original Application	Transaction # 185701	
Status Deny	Application Date 07/25/2011	
Licensee/BE Name Foster, Terry Ann	WAOIC #	Resident Y
SSN/FEIN 543-06-5010	DOB/Formed Date 12/10/1967	Residence State Washington

Common Audit Checks:

Sr.No.	Audit Check	Comments	Status
1	Finger Print Card	Mail original Finger Print Card	Complete
2	Criminal Conviction/Charges	1. A written statement explaining circumstance of each incident 2. A certified copy of the charging document 3. A certified copy of the official document, which demonstrates the resolution of the charges or any final judgment	Details Received
3	Others	Not applicable unless requested.	

Audit Checks For Insurance Producer License

Sr.No.	Audit Checks	Comments	Status
1	Examination Score Report	Examination Score Report	Complete
2	Employment History	Employment History	Complete
3	Home State License	Verify Home State License or RIRS/SAD information	Complete

Communication Log:

Communication Date	User Notified	Comments	Created By	Action
08/23/2011	Y	<p>Terry just a reminder that we cannot process your online application for an insurance license until we receive the following:</p> <p>1. A written statement explaining circumstance of each incident. 2. A certified copy of the charging document. 3. A certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p> <p>A five-year employment history is required.</p> <p>You may email, upload or fax these items to my attention at (360) 586-2019.</p> <p>PS: Your request will close within 30 calendar days if a copy of one listed above not provided to complete the processing. Regards,</p> <p>Sheila Ribble Office of Insurance Commissioner Licensing & Education Phone: (360) 725-7144 Fax: (360) 586-2019 www.insurance.wa.gov</p>	Ribble, Sheila	IR - Information Requested
08/24/2011	N	Sent to Monica S. for review.	Ribble, Sheila	OT - Others

Application Audit Status

08/25/2011	Y	<p>Terry we still need a signed statement explaining the circumstances regarding question #1 of your online application.</p> <p>You may email, upload or fax these items to my attention at (360) 586-2019.</p> <p>PS: Your request will close within 30 calendar days if a copy of one listed above not provided to complete the processing.</p> <p>Regards,</p> <p>Sheila Ribble Office of Insurance Commissioner Licensing & Education Phone: (360) 725-7144 Fax: (360) 586-2019 www.insurance.wa.gov</p>	Ribble, Sheila	IR - Information Requested
08/25/2011	N	<p>Memo outlining findings provided to Jeff Baughman, Program Manager.</p>	Penn, Cheryl	OT - Others

Application Audit Status

09/06/2011

Y

DENIAL OF APPLICATION

Baughman, Jeff

OT - Others

Ms. Foster;

The application which you have submitted for a Washington resident/non-resident insurance license has been denied on the basis of background information provided. The decision to deny your request for a license is based upon RCW 48.17.530(1)(f), (h), and RCW 9.35.020.

You are entitled to a refund of your license application fees. A refund request will be submitted on your behalf. You should receive your mailed refund within 3-6 weeks of the date of this letter.

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 mailing, or your Demand will be invalid and this decision will stand.

Your Demand for Hearing should be sent to Patricia Petersen, Chief Hearings Officer, Hearings 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 disagree with it. You will then be notified both by telephone and in writing of the time and place of your hearing. If you have questions concerning filing a Demand for Hearing or the hearing process, please telephone the Hearings Unit, Office of the Insurance Commissioner, at 360/725-7002.

Jeff Baughman,
Licensing Manager