



State of Washington
 Office of the Insurance Commissioner
 Hearings Unit
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 Olympia WA 98504-0255
 5000 Capitol Boulevard
 Tumwater, WA 98501
 (360) 725-7002 FAX (360) 664-2782
 HearingsU@oic.wa.gov

Demand for Hearing

Please type or print in ink. Attach a copy of the Order or correspondence in dispute and all documents supporting your demand. This Demand for Hearing can be mailed, faxed, hand-delivered or emailed to the Hearings Unit at the address above. For OIC Demands, please provide contact information for all other interested parties and their representatives.

1 Requesting Party (required information)		
Name/Business Name	OIC Case/Order No.	
Street Address	City, State, Zip	
Telephone Number	Fax Number	
Contact Person	Telephone Number	Email Address

2 Authorized Representative/Attorney for Requesting Party		
Last Name	First	M.I.
Business Name		
Street Address		City, State, Zip
Telephone Number	Fax Number	Email Address

3 Subject Matter of Demand for Hearing		
<input type="checkbox"/> Revocation or Denial of License	<input type="checkbox"/> Revocation or Denial Certificate of Authority or Registration	<input type="checkbox"/> Cease and Desist Order
<input type="checkbox"/> Imposition of Fine/Consent Order	<input type="checkbox"/> Other _____	

4 Additional Parties/Representatives (for more parties and/or representatives, please attach additional pages)		
Last Name	First	M.I.
Business Name		
Street Address		City, State, Zip
Telephone Number	Fax Number	Email Address

5 Issues and Arguments
a. Issues – Briefly describe each issue or area of dispute that you wish us to consider. Attach additional pages if necessary.

- b. Arguments** – Explain why each issue or area of dispute listed above should be decided in your favor. Attach additional pages if necessary. To the extent known, cite applicable rules, statutes, or cases in support of your arguments. Enclose copies of documents concerning your arguments including documents the Department previously requested from you that you have not yet provided.

6 Signature

Either the Requesting Party or the Attorney/Representative can sign this Demand for Hearing. However, if the Representative is submitting the Demand, contact information for the Requesting Party must be provided under Section 1 above and the Attorney/Representative's contact information must be provided in Section 2.

Requesting Party:

Signature

Date

Name (please print or type)

Title

Authorized Representative:

Signature

Date

Name (please print or type)

Title