

(Date)

Office of Insurance Commissioner

Attn: _____

P.O. Box 40255

Olympia, Washington 98504-0255

Re: No. _____ Demand for Hearing

Dear _____:

I received your letter dated _____, which (specify the action which the Commissioner has taken) _____. I am requesting a hearing to challenge this action of the Commissioner for the following reasons:

- 1.
- 2.
- 3.

Sincerely,

(your name)
(address)
(phone number)