



State of Washington  
Office of the Insurance Commissioner  
Hearings Unit  
PO Box 40255  
Olympia WA 98504-0255  
5000 Capitol Boulevard  
Tumwater, WA 98501  
(360) 725-7002 FAX (360) 664-2782  
HearingsU@oic.wa.gov

## Petition for Review of Initial Order

Please type or print in ink. Attach a copy of the Initial Order and any supporting documents to your Petition. File the completed Petition for Review electronically with the Hearings Unit at [HearingsU@oic.wa.gov](mailto:HearingsU@oic.wa.gov) or via fax, mail or hand-delivery to the address above. A copy of the Petition should be served on all other parties served with the Initial Order. As the Hearings Unit will be contacting parties via email, email addresses are required below.

### 1 Petitioner

Name/Business Name		Order No.
Mailing Address		City, State, Zip
Telephone Number	Fax Number	
Contact Person	Telephone Number	Email Address (required)

### 2 Authorized Representative/Attorney for Petitioner

Last Name		First
Business Name		
Mailing Address		City, State, Zip
Telephone Number	Fax Number	Email Address (required)

### 3 Respondent

Name/Business Name		
Mailing Address		City, State, Zip
Phone Number	Fax Number	
Contact Person	Telephone Number	Email Address (required)

### 4 Authorized Representative/Attorney for Respondent

Last Name		First
Business Name		
Mailing Address		City, State, Zip
Telephone Number	Fax Number	Email Address (required)

For more parties or representatives, please attach additional pages.

---

**5 Issues**

Briefly describe each issue or area of dispute that you wish us to consider and why each issue or area of dispute should be decided in your favor. Attach additional pages if necessary.

---

**6 Signature**

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

**Petitioner:**

---

Signature

---

Date

---

Name (please print or type)

---

Title**Authorized Representative:**

---

Signature

---

Date

---

Name (please print or type)

---

Title