

INSURANCE FAIR CONDUCT ACT (IFCA) COVER SHEET

Complete and attach this cover sheet to your submission to the Office of the Insurance Commissioner (OIC)

Attn:	Submitted by:
Office of the Insurance Commissioner Insurance Fair Conduct Act Claim Notification Office Support Unit P.O. Box 40255 Olympia, WA 98504-0255	Name:
	Law Office:
	Address:
	Phone:
	Email:
	Date:
requested. Proof of notice by mail may be made in	mail, registered mail, or certified mail with return receipt the same manner as prescribed by court rule or statute for e commissioner are deemed to have received notice three
Insurance Company:	
First Party Claimant:	
Line of Insurance:	
Applicable Statute: [] RCW 48.30.015 (1	[] RCW 48.30.015 (5), (a) through (f)

A cover sheet is not required however, without clear identification of the document(s) as an IFCA notice, it is possible your notice will not be recognized and recorded as such. Additionally, any documents beyond the cover sheet and the written notice of the basis for the cause of action are not required and will not be retained, e.g., exhibits. All information provided to the OIC becomes subject to the Public Records Act. Please do not include any personal or confidential information such as medical records, Social Security numbers, banking information, driver's license information, etc.