

## Washington Assigned Risk Plan

### APPEALS

Any insurance carrier, applicant, policyholder, or producer acting on behalf of an applicant or policyholder, who feels aggrieved by any action of the Plan may appeal to the Commissioner for resolution of a dispute. Before any appeal is brought before the Office of Insurance Commissioner, the appeal shall be made in accordance with the following procedures:

A. The appellant shall submit a written appeal to the Plan Director setting forth the nature of the grievance, and including all supporting documentation. The Plan Director shall respond to the appellant in writing within thirty (30) days of receipt of the grievance and supporting documentation from the appellant. The Plan Director may affirm or deny the appeal.

B. If the appeal is denied by the Director, it may be presented for appeal by the appellant to the Governing Committee (hereinafter "Committee") at its next regularly scheduled quarterly meeting occurring at least fifteen (15) days after the Plan Director's decision is mailed to the appellant. The appellant may request one extension of not more than three months for presentation of its appeal to the Committee. If the appeal is not timely presented by the appellant to the Committee, the decision of the Plan Director may become the final the decision of the Committee upon its approval.

C. The Committee may appoint an Appeals Subcommittee (hereinafter "Subcommittee"). Any decision of the Subcommittee may, at the direction of the Committee, be the decision of the entire Committee, and as such all the rules for appeals that apply to the Committee shall apply instead to the Subcommittee. The Committee may, at any time, hold a special electronic meeting to appoint an Appeals Subcommittee.

D. The Committee may affirm or deny the appeal upon the presentation of the appeal at the scheduled Committee meeting. Or, the Committee may decide to schedule an informal hearing of the appeal. The appellant shall be advised of the Committee's choice between these actions in writing, mailed within ten (10) days of the presentation of the appeal by the appellant.

E. At any time during the appeal, the Committee may require the appellant to produce such additional documentation as deemed necessary. The Committee may, at its sole discretion, set a reasonable date for a hearing as soon as practicable for, and in consultation with, all parties. Any such hearing shall be conducted informally. Any party may, but is not required to, be represented by counsel. Any party may record the proceedings at its sole expense, provided that such party shall make copies available to all other parties at the cost of copying only.

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F. After any informal hearing, the Committee shall deliver its final decision in writing to the appellant within thirty (30) calendar days of receipt of all requested documents, or within fifteen (15) days of any informal hearing, whichever is later. The final decision of the Committee may be appealed to the Office of Insurance Commissioner in accordance with WAC 284-22-090.

G. The parties to an appeal may agree to an extended timeline.

H. All relevant time bars to the filing of an appeal that are applicable under chapters 48.04 and 34.05 RCW shall apply to appeals made to the Plan under this section, provided, however, that such time bars shall be tolled during the time beginning with the receipt by the Plan of the appellant's written appeal and all supporting documentation, and ending with the time the Committee mails written notice to the appellant of its final decision.