Public Adjuster
P.O. Box 78192, Seattle, WA 98178
Tel. (206) 290-3825 • Fax (206) 326-1390
Tim@SeattleClaims.com

UNDERSTANDING THE CLAIM PROCESS

Here at Robert Hanley, Public Adjuster, we work closely with Contractors and Property Owners to help them understand the claim process. Insurance Policies are contracts between an Insurer and an Insured. A policy represents an agreement that between an insurance company who makes a promise to an individual or a company that says if you pay a premium we will provide protection against financial loss on a specified property subject to the conditions and exclusions stated within the contract of agreement.

FILING THE CLAIM

It is important that a claim be filed as soon as possible. Each claim filed should have one origin or cause. This is referred to as the Efficient Proximate Cause. There are times when an excluded cause of loss causes damage to a property and at some point a covered cause of loss closely follows. This should not be mistaken for one event. A flood loss from a City Water Main Break that would likely be excluded under the flood exclusion in a homeowner's policy that subsequently has a fire loss develop from overloaded electrical circuits in use from drying equipment should not be seen as part of the flood damage. At the point fire ensues, a separate loss has occurred, whether that is an hour later or a week. The Fire Loss should be reported immediately and an investigation by the carrier should be started.

Washington Fair Claims Practices — Official Text

From the Washington State Legislature (app.leg.wa.gov) on November 23, 2026. Washington has no single statute titled “Fair Claim Practice Act.” The law that governs fair claims handling is: RCW 48.30.010 — the enabling statute: it prohibits unfair or deceptive acts or practices in the business of insurance and authorizes the Insurance Commissioner to define them by regulation. RCW 48.30.015 — the Insurance Fair Conduct Act (IFCA): the first party claimant's court action for unreasonable denial of a claim, with actual damages, up to treble damages, attorney fees and litigation costs, after 20 days' written notice to the insurer and the Commissioner.

WHAT WASHINGTON LAW REQUIRES OF YOUR INSURANCE CARRIER

Washington law sets minimum standards for how a carrier must handle your property claim. These come from the Unfair Claims Settlement Practices Regulation (WAC 284-30-300 through 284-30-400) and the Insurance Fair Conduct Act (RCW 48.30.015). Here is what an insured with a property claim needs to know.

RESPONDING TO YOU

Once you report a claim, the carrier must acknowledge that it received it within 10 business days. When you send the carrier a letter, an estimate, or anything else that calls for an answer, it must reply within 10 business days. It must also promptly give you the claim forms, instructions, and reasonable help you need to comply with the policy conditions. (WAC 284-30-360)

THE INVESTIGATION

The carrier must complete its investigation within 30 calendar days after you report the claim. If it cannot, it must tell you in writing why, and it must update you in writing every 30 days after that — including what it is still waiting for and what decisions it has made. (WAC 284-30-370)

The investigation must be a real one. A carrier may not deny or refuse to pay a claim, in whole or in part, without conducting a reasonable investigation — and a reasonable investigation may not rest solely on a database, estimating software, or benchmarks. (WAC 284-30-330(4))

ACCEPT OR DENY

Within 30 calendar days after you report the claim, the carrier must tell you whether the claim is accepted or denied. A denial must be in writing, and it must cite the specific policy provision, condition, or exclusion it rests on. If the carrier needs more time, it must tell you within that same 30 days, give all of its reasons, and keep updating you in writing every 30 calendar days. (WAC 284-30-380)

The carrier is responsible for the accuracy of its evaluations, including the estimates and evaluations made for it by others. If the carrier prices your loss using a database, survey, estimating software, or benchmarks, then on your request it must tell you when that pricing data was collected, where it was collected from, and which businesses provided it. (WAC 284-30-380(7) and (8))

YOUR CLAIM FILE

You have the right to request and receive any portion of your claim file — the reports, claim notes, estimates, bids, measurements, photographs, and other documents the carrier holds. The carrier has 15 business days from your request to provide them, and it must tell you at that time whether anything was withheld or blacked out, and why. (WAC 284-30-340(2))

PAYMENT

Once a claim is settled, the carrier's procedures must deliver payment within 15 business days after it receives the properly signed releases or settlement documents. If the carrier is the one who must furnish the release, it must do so within 20 business days after the settlement is reached. A check or draft given in settlement must be honored promptly — a failure to honor it within three business days after the bank receives it is a violation. Every payment must come with a statement identifying the coverage it is paid under, and a check paying part of a loss

under one coverage may not carry language releasing the carrier from its total liability. (WAC 284-30-330(9), (15), and (16); WAC 284-30-350(6))

FAIR DEALING

The carrier must tell you all of the benefits and coverages in your policy that pertain to your claim. When liability has become reasonably clear, it must attempt in good faith to reach a prompt, fair, and equitable settlement. It must promptly explain the basis for any denial or compromise offer. It may not delay your claim by making you submit the same information twice. It may not treat you differently because you are represented by a public adjuster — it must recognize the public adjuster as your legal representative and provide the requested claim information and the policy to you, your public adjuster, or both.

If the policy requires you to protect the property from further damage, the carrier must approve your scope of mitigation, or give you its approved scope, within five business days — and if it rejects your scope, it must say why, with an itemized dollar amount for each disapproved item.

If your policy has an appraisal clause, the carrier must first make a good faith effort to settle the claim before invoking appraisal. It may not delay an appraisal or add to its cost by bringing in appraisers from outside the loss area, except where the nature of the loss or a lack of competent local appraisers makes it necessary, and it may not pressure its own appraiser to change a valuation while the appraisal is underway. (WAC 284-30-330 and 284-30-350)

IF THE CARRIER BREAKS THESE RULES

A carrier that unreasonably denies a claim for coverage or payment of benefits can be sued by the insured under the Insurance Fair Conduct Act. The court may award actual damages, increase them up to three times, and award attorney's fees and litigation costs, including expert witness fees. Before suing, the insured must give the carrier and the Insurance Commissioner 20 days' written notice and a chance to cure. Complaints may also be made to the Office of the Insurance Commissioner, and the carrier must answer the Commissioner's inquiry within 10 business days. (RCW 48.30.015; WAC 284-30-360(2))

Happy negotiating,

Robert Hanley, Public Adjuster