Current version — Nov 1, 2026. Update history: https://restorationintel.com/washington-mitigation-scope-five-business-days/

# 5-Day Scope Quick Card: Washington Mitigation Scope Rules

Under Washington's unfair claims settlement practices regulation amendments (WAC 284-30-300 through 284-30-395, Matter R 2025-05, WSR 26-17-089, effective **October 18, 2026**), insurers have exactly **five business days** to approve or provide an approved mitigation scope. Write every scope like it will be itemized—it will.

## The 5-Business-Day Statutory Clock

WAC 284-30-330(20)

**Mandatory Standard:** Unfair practice to fail to approve the first-party claimant's scope of mitigation or provide an approved scope within **5 business days after receipt** where the policy carries a duty to protect property from further damage.

| Rule Element | Field Execution Standard |
|---|---|
| **Trigger Event** | Carrier receipt of the mitigation scope submitted by your client (insured). Clock runs from carrier receipt, not submission drafting. |
| **Policy Duty** | Tied directly to the policyholder's contractual obligation to protect the property against further water damage and mold progression. |
| **Carrier Output** | Carrier must either: (1) Approve the scope as submitted, or (2) Provide the claimant with an approved scope within 5 business days. |
| **Time Measure** | **Business days** (excludes Saturdays, Sundays, and legal state holidays). Keep verified proof of delivery. |

## Submission & Timestamp Protocol

OPERATIONAL RULES

- **Submitted by Insured:** The scope is submitted by your client, the insured. You author the technical packet; your client delivers it.
- **Timestamp You Control:** Send via verifiable electronic transmission (carrier portal upload receipt with timestamp, email delivery with server confirmation, or certified mail).
- **Dated Cover Sheet:** Prominently cite WAC 284-30-330(20) and calculate Day 1 through Day 5 calendar dates on the transmission face.
- **Pair Filing Mandate:** File the dated submission receipt immediately in the active job file.

## Scope Armor: The 5 Essential Pillars

DEFENSIBILITY

Surviving a line-by-line review against technical or industry standards requires an ironclad documentation packet:

| Armor Pillar | Required Contents & Standard |
|---|---|
| **1. Pre-Equipment Photos** | Timestamped photographs from the first walk, captured *before a single piece of equipment is placed*. Proves source, standing water, and pre-loss condition. |
| **2. Moisture Map** | Dimensional structural grid establishing baseline affected vs. unaffected boundaries, perimeter limits, and material classifications. |
| **3. Daily Moisture Logs** | Daily psychrometric readings (ambient, intake, exhaust) and material moisture points. Proves why each drying day and each machine is there. |
| **4. Stranger-Readable Narrative** | Written for someone who was never in the building: what was wet, what you did, and why, followable completely from the paper alone. |
| **5. Line-Level Itemized Pricing** | Detailed line items (sq ft, lin ft, equipment run hours, unit pricing) that a carrier reviewer can audit without calling you. |

## Emergency Services Packet Standard

FILE WINS

The old mitigation scope was a lumped total and a paragraph defended later on a phone call. The WAC amendments make that practice obsolete.

- **Document from the beginning:** Capture conditions before setting air movers or dehumidifiers.
- **Hold conditions:** Daily logs establish that equipment remained necessary until dry standards were attained.
- **Respond in full:** Never submit partial scopes with missing line pricing; complete scopes start the clock cleanly.

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## An Itemized Rejection is a Gift

WAC 284-30-330(21)

**Statutory Mandate:** If an insurer rejects a scope, it must disclose the reasons the scope does not meet technical or industry standards, *including a dollar amount itemization of the disapproved items*.

| Rejection Reality | How to Leverage as a Restorer |
|---|---|
| **No Verbal Denials** | A verbal "that's too much" or lumped deduction violates subsection (21). Insurers must specify disapproved items in dollars. |
| **Technical Standards** | The carrier must cite the exact technical or industry standard it claims you violated (e.g. equipment placement density, drying days). |
| **Line-by-Line Rebuttal** | Answer line by line using your moisture log, timestamped photos, psychrometrics, and industry standards. |
| **Document Exchange** | Converts the argument into a document exchange. Document exchanges are won by the side that kept the records. |

## The Approval-or-Rejection Pair Rule

JOB FILE MANDATE

- **Pair Filing:** When an approval or itemized rejection arrives, store it paired directly with the dated scope it answers.
- **Supplement Baseline:** Establishes the exact baseline of what the carrier agreed to versus what it itemized for reduction.
- **Billing Defense:** Proves whether the carrier satisfied its 5-business-day response mandate or defaulted into unfair practice.
- **Audit Trail:** Eliminates verbal "he-said-she-said" claims when desk adjusters rotate mid-loss.

## Claim File Transparency Rights

WAC 284-30-340(2)

**15-Business-Day Production:** Insured has the statutory right to request any portion of the first-party claim file.

- **Contractor Reports Named:** The rule explicitly names contractor reports, written reports, claim notes, estimates, bids, plans, measurements, drawings, engineer reports, statements, photos, video recordings.
- **Redaction Disclosure:** Insurer may redact privileged records, but *must disclose to the insured when documents were withheld or redacted*.
- **Work Like You'll Be Read:** Sloppy logs or weak narratives sit in a file the policyholder can pull. Document to standard; transparency is your competitive edge.
- **Defeating Adverse Engineering:** Client can pull carrier engineer reports directly to rebut them with your pre-equipment walk records.

## "The Software Said So" is Unlawful

WAC 284-30-330(4) & 380(8)

Insurers cannot justify cuts by pointing to automated software algorithms or regional database defaults:

| Statute | Rule & Restorer Action |
|---|---|
| **WAC 284-30-330(4) & 320(11)** | Unfair practice to deny/refuse payment without reasonable investigation. An investigation **may not rely solely on estimating software or benchmarks**. Mitigation costs are expressly included. |
| **WAC 284-30-380(8)** | **Cost Data Disclosure:** On request, insurer must provide: (1) date cost data was collected, (2) where collected from, and (3) which businesses provided it. |
| **WAC 284-30-380(7)** | Carrier is strictly responsible for accuracy of third-party evaluations made on its behalf. |
| **WAC 284-30-370** | **30-Calendar-Day Investigation Clock:** Investigation due within 30 calendar days of claim notice, or carrier owes written reasons & 30-day updates. |