PLAN CHECK DOWNTOWN III, LLC, a California limited liability company and others similarly situated, Plaintiff, AMGUARD INSURANCE COMPANY, a Pennsylvania company, and DOES 1 through 20,	IE STATE OF CALIFORNIA Y OF LOS ANGELES Civil Action No: COMPLAINT FOR: (1) DECLARATORY JUDGMENT (2) BREACH OF CONTRACT (3) BREACH OF IMPLIED COVENANT OF GOOD FAITH AND FAIR DEALING
Defendants.	1/200, E1 SEQ.
	[Demand for Jury Trial]
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Plaintiff Plan Check Downtown III, LLC ("Plaintiff"), by its attorneys Hecht Partners LLP, individually and on behalf of all others similarly situated, for its complaint against defendant Amguard Insurance Company ("Defendant"), alleges as follows:

I. NATURE OF ACTION

- This is an action to recover Business Income insurance coverage owed by Defendant AmGuard under a policy it issued to Plaintiff. Plaintiff, like thousands of restauranteurs in Los Angeles, and indeed across the United States, was forced to close its doors to sit-down service as a result of government quarantining orders relating to the novel coronavirus pandemic.
- 2. Business Income coverage is an optional insurance benefit available to businesses to minimize their risk and sustain them when a suspension of business operations causes a loss of business income. This coverage allows businesses to pay continuing operating expenses and additional expenses incurred because of the suspension, and to supplement their lost business income.
- 3. Plaintiff paid for this coverage to protect itself against a situation like this one: a closure of its business imposed on it through no fault of its own. As California Insurance Commissioner Ricardo Lara stated in a notice on April 14, 2020 to all admitted and non-admitted insurance companies in California, "Many small and large California businesses purchase Business Interruption insurance to protect against the loss of income and other losses caused by an interruption to the normal operations of the business" (Exhibit A).
- 4. Yet instead of providing the support it bargained for, Defendant has chosen to issue blanket denials to all of its insureds affected by the closures without so much as an investigation. Plaintiff now seeks to vindicate its rights under the Policy, and those of similarly-situated businessowners thrust into the cold by Defendant.

II. JURISDICTION AND VENUE

 This is a class action brought pursuant to Section 382 of the California Code of Civil Procedure. The damages sought exceed the minimal jurisdictional limits of this Court and will be established at trial.

- This Court has personal jurisdiction over Defendant because Defendant does business in the State of California and has availed itself of the laws of the State of California.
- Venue is proper in this Court because, upon information and belief, Plaintiff
 accepted the offer of the contract with Defendant at issue in this action in Los Angeles County.

III. PARTIES

- Plaintiff is, and at all relevant times was, a California corporation, with its principal place of business in Los Angeles, California.
- Plaintiff operates two restaurants in Los Angeles, one on Wilshire Blvd. and one
 on Sawtelle Ave. These are family-style restaurants that serve food and alcoholic beverages.
- 10. Defendant is a Pennsylvania company, one of Berkshire Hathaway's subsidiary "Guard Insurance" companies. Defendant is headquartered in Wilkes-Barre, Pennsylvania, and at all relevant times was conducting business in the State of California as a licensed insurer.
- 11. Plaintiff is ignorant of their names but is informed and believes, and based thereupon alleges, that each of the defendants designated herein as a DOES 1 through 20, was responsible negligently, wrongfully, or in some other actionable manner, for the events and happenings herein referred to which proximately caused the damages to Plaintiffs as hereinafter alleged, either through said Defendant's own negligence or through the conduct of its agents, servants, employees or representatives in some other manner.
- 12. Plaintiff is further informed and believes and thereupon alleges that at all times mentioned herein the Defendants and each of them were the agents, servants, employees, representatives and/or joint venturers of their co-defendants and were as such acting within the course, scope and authority of said agency, services, employment, representation and/or joint venture in that each and every defendant, as aforesaid when acting as principal, was negligent in the selection and hiring of each and every other defendant as an agent, servant, employee, representative and/or joint venturer.
- 13. Plaintiff is further informed and believes and based thereupon alleges that at all times mentioned herein each of the defendants, including Defendant DOES 1 through 20, inclusive, and each of them, were the agents, servants, employees, representatives of each of the

 remaining defendants and were at all times material hereto acting within the authorized course and scope of said agency, service, employment and/or representation, and/or that all of said acts, conduct and omissions were subsequently ratified by their respective principals and the benefits thereof accepted by such principals.

IV. INSURANCE

- 14. Plaintiff purchased, timely paid all premiums for, and performed all duties required of it to be performed under a "Businessowner's" commercial property and general liability insurance policy issued by Defendant, Policy No. PLBP159547 (the "Original Policy"). A true and correct copy of the Original Policy is attached hereto as Exhibit B. That policy was later amended; the amended policy is attached hereto as Exhibit C. Though the original and amended policy reflect the purchase of Businessowner's insurance, the Businessowner's Coverage Form was not attached to the policy materials provided by Defendant to Plaintiff. That form was retrieved from Defendant's website and is attached hereto as Exhibit D. The Original Policy, amended policy, and Businessowner's Coverage Form shall be referred to collectively herein as the "Policy."
- In exchange for payment of the premiums Defendant agreed to provide the insurance coverage described in the Policy. The premium totaled \$52,120.00.¹
- 16. All risks of physical loss or damage are covered under the Businessowner's Policy unless expressly subject to one of the Policy's exclusions or limitations. Stated differently, all non-excluded perils are covered.
- The Policy provides coverage from February 27, 2020 to February 27, 2021
 (Exhibit B, p. 5, ¶ 3).
- 18. The Policy provides coverage for, among other things, the loss of business income due to the necessary suspension of business operation caused by physical loss of or damage to the premises.

¹ This amount was later adjusted pursuant to the amended policy attached as Exhibit C.

- 30. On January 30, 2020, the W.H.O declared a "public health emergency of international concern." The following day, on January 31, 2020, certain travel from China to the United States was blocked.
- 31. Although COVID-19 was present in California by late January 2020, all businesses and restaurants, including Plaintiff's, were allowed to remain open throughout February and the first half of March.
- 32. During February, COVID-19 began spreading rapidly throughout Europe, with Italy initially becoming the most impacted country. That same month, an increasing number of cases were being reported in the United States, with the largest concentration of cases in the Seattle area of Washington State. The first cluster of COVID-19 cases was reported at a nursing home in Kirkland, Washington in late February, where the first COVID-19 death was announced on February 28, 2020.
- 33. COVID-19 also continued to spread throughout California during February 2020. In early February, several COVID-19 cases were announced in Northern California. During February, the number of reported COVID-19 cases in California increased. On February 26, 2020, the CDC announced the first reported California COVID-19 case resulting from community spread (https://www.cdc.gov/media/releases/2020/s0226-Covid-19-spread.html, last accessed May 19, 2020).
 - 34. On March 4, 2020, the first COVID-19 fatality was reported in California.
- 35. As COVID-19 cases continued to increase in certain areas of the United States, on March 4, 2020 Congress passed emergency funding of \$8.3 billion to aid in the immediate health response to COVID-19.
- On March 11, 2020, travel from Europe to the United States was restricted, and the W.H.O. declared COVID-19 a pandemic.
- On March 13, 2020, the President of the United States declared a national emergency.
- 38. Throughout this entire period, from December 2019 until March 15, 2020, Plaintiff had not suffered an interruption of its thriving business despite the pandemic.

B.	Orders of the State of California and City of Los Angeles Force Plaintiff to	
	Close Its Doors, Resulting in a Suspension of Business.	

- 39. On March 15, 2020, more than ten weeks after the first reported COVID-19 case, Los Angeles Mayor Eric Garcetti limited social interactions by issuing a "Public Order under City of Los Angeles Emergency Authority" (the "March 15, 2020 Order," attached as Exhibit E) effective at midnight that evening which, among other things, prohibited restaurants from serving individuals food and alcohol on their premises where individuals would not be socially distanced:
 - 3. All restaurants and retail food facilities in the City of Los Angeles shall be prohibited from serving food for consumption on premises. Restaurants and retail food facilities may continue to operate for purposes of preparing and offering food to customers via delivery service, to be picked up or for drive-thru. For those establishments offering food pickup options, proprietors are directed to establish social distancing practices for those patrons in the queue for pickup (Exhibit E).
- 40. On March 19, 2020, governor of the State of California Gavin Newsom, issued an order requiring residents to stay in their homes (the "Stay at Home Order"). (See Exhibit F). Mayors of cities throughout California, including Los Angeles, issued similar stay-at-home orders all of which required restaurants to close to in-person dining (See Exhibit G). (Exhibits E through G shall be referred to collectively herein as the "Orders").
- 41. The Orders effectively caused the loss of business income from Plaintiff's restaurants and others similarly situated, by excluding individuals from on-premises dining, and caused a "suspension" of its "operations," as those terms are defined in the Policy.
 - 42. The Orders were the predominant cause of Plaintiff's loss.
- 43. After imposition of the Orders, Plaintiff suspended all operations at its Downtown Los Angeles location. Plaintiff's West Los Angeles location closed until May 1, 2020 at which time it re-opened for take-out and delivery only, severely restricting it ability to serve customers and drastically reducing its income.

44. On May 30, 2020, restaurants were permitted to serve customers on-site but only with modifications restricting individuals' distances resulting in limited capacity seating. Accordingly, Plaintiff's restaurants continue to lose income as a result of non-use.

C. Plaintiff Submits Its Insurance Claim and Defendant Denies It Without Justification or Proper Investigation.

- 45. Engaging in the business of insurance in California imposes upon insurers the legal obligation to promptly conduct fair, balanced and thorough investigations of all bases of claims for benefits made by their insureds, with a view toward honoring the claims. As part of these obligations, an insurance company is obligated to diligently search for and consider evidence that supports coverage of the claimed loss, and in doing so must give at least as much consideration to the interests of its insured as it gives to its own interests.
- 46. During the COVID-19 Pandemic, Commissioner Lara issued a notice after the California Department of Insurance "ha[d] received numerous complaints from businesses, public officials, and other stakeholders asserting that certain insurers, agents, brokers, and insurance company representatives [we]re attempting to dissuade policyholders from filing a notice of claim under its Business Interruption insurance coverage, or refusing to open and investigate these claims upon receipt of a notice of claim" (Exhibit A, p. 1, emphasis added).
- 47. The Commissioner's notice reminded insurers facing these claims of the importance of complying with their obligations, citing the California Fair Claims Settlement Practices Regulations (Cal. Code Regs., tit. 10, §§ 2695.1 et seq. ("Regulations")). His notice went on to state, "Therefore, Insurance Commissioner Ricardo Lara finds it necessary to issue this Notice to ensure that all agents, brokers, insurance companies, and other licensees accept, forward, acknowledge, and fairly investigate all business interruption insurance claims submitted by businesses" (Exhibit A, p. 1-2, emphasis added). The Commissioner stated that "every insurer is required to conduct and diligently pursue a thorough, fair, and objective investigation of the reported claim" (Id. at 2).
- 48. Amongst other information provided to insurers, the Commissioner further reminded them that "[i]f the claim is denied in whole or in part, the insurer is required to

 communicate the denial in writing to the policyholder listing all the legal and factual bases for such denial. (Regulations, § 2695.7(b)(1).) Where the denial of a first party claim is based on a specific statute, applicable law or policy provision, condition, or exclusion, the written denial must include reference to and provide an explanation of the application of the statute, applicable law, or policy provisions, condition, or exclusion to the claim...Regulations, § 2695.7(b)(1)" (Exhibit A, p. 3, emphasis added).

- 49. Consistent with all of these well-established and non-controversial California insurance claims handling standards, Plaintiff had the right to rely on Defendant to handle its insurance claim for business income losses in a manner consistent with these standards of good faith and fair dealing.
- 50. Upon suspending its operations beginning March 16, 2020, on March 18, 2020, Plaintiff submitted a claim to Defendant via telephone for the income lost as a result of the Orders.
- 51. In making its claim, Plaintiff did not limit its claim to any particular insuring agreement. Rather, Plaintiff sought coverage under the Policy for whichever insurance(s) would apply to its situation.
- 52. On April 8, 2020, Defendant responded by letter denying coverage on several grounds. A copy of the letter is attached hereto as Exhibit H. The denial incorrectly assumed the claim was being made based solely on the Civil Authority provision of the Policy. Based in large part on this incorrect assumption, Defendant concluded that a virus exclusion precluded the claim despite the proximate cause of the claim being the State and City's Orders, rather than the virus itself.
- 53. Pursuant to § 2695.7(b)(1) of the Regulations, Defendant was required to state in its April 1, 2020 denial letter all the factual, contractual, and legal grounds for denying the claim, thus forfeiting the right to raise additional grounds to attempt to justify its denial of Plaintiff's claim.

	54.	Defendant's denial letter, on information and belief, appears to be a form letter
sent	in respo	nse to business income claims arising from the Orders. It is clear from the letter that
ther	e was no	investigation of Plaintiff's claim prior to the denial.

- 55. Defendant's denial is contrary to the terms and conditions of the Policy and applicable law, which gives effect to plain language, construes ambiguity in favor of coverage, and narrowly construes exclusions, the applicability of which insurers have the burden of proving.
- 56. As a result of the Stay at Home Order and related local orders, Plaintiff has incurred and continues to incur a substantial loss of business income and additional expenses covered under the policy.
- 57. In order to obtain the benefits promised under its Policy and required by California law, Plaintiff was compelled to retain counsel and institute this lawsuit to pursue all available legal and equitable remedies available to it and obtain the benefits promised under the Policy.
- 58. Plaintiff thus brings this action, on behalf of itself and other California restaurants similarly situated, seeking declaratory relief, insurance coverage owed under Defendant's policy, and damages.

VI. CLASS ALLEGATIONS

- Plaintiff re-alleges and incorporates by reference herein all of the allegations contained above.
- 60. Business insurance policies purchased by small businesses like restaurants are not individually negotiated. At most, the prospective policyholder may elect to add specialized coverage options to a basic business insurance policy. But the substantive terms are set unilaterally by the insurer. These are contracts of adhesion.
- 61. Plaintiff's Policy includes common terms and phrases widely used by the insurance industry. The insurance industry typically hews closely to standardized insurance policy forms in addressing property and liability risks, and Defendant did so here.
- 62. Moreover, it is evident from the Policy that all Businessowner's Policies issued by AmGuard contain the same operative language at issue in Plaintiff's claim. The basic

Businessowners Coverage Form (form BP 00 03 01 10) contains the insuring agreements for the policy, including for the Business Income coverage, and related definitions, limitations and exclusions (Exhibit B). Plaintiff's policy incorporates widely-used forms and is not a manuscript policy written specifically for Plaintiff. Legal and factual issues concerning the applicability of coverage issued by AmGuard to business owners under the circumstances of the uniform closure of restaurants in Los Angeles by Mayor Garcetti and Governor Newsom thus can be decided uniformly.

- 63. As the impact of the COVID-19 pandemic is emerging, leading insurance industry associations have publicly stated that such standard business insurance policies do not provide any coverage for the business losses related to public health orders like the Stay at Home Order imposed by California. The denial letter received by Plaintiff-issued without any investigation at the restaurant shortly after a claim was filed-appears to be a form letter that, on information and belief, is sent automatically to any such business with comprehensive business insurance that files a claim at this time.
- Plaintiff brings this action pursuant to Section 382 of the California Code of Civil 64. Procedure on behalf of a proposed class of persons (the "Class") defined as: All restaurants in California that purchased comprehensive business insurance coverage from Defendant which includes coverage for business income, filed a claim for lost business income following California's Stay at Home Order, and were denied coverage by Defendant on the same or similar grounds.
- Excluded from the Class are Defendant, any entity in which Defendant has a controlling interest, and Defendant's officers, directors, legal representatives, successors, subsidiaries, and assigns. Also excluded from the Class are any judge, justice, or judicial officer presiding over this matter and the members of their immediate families and judicial staff.
- This action has been brought and may properly be maintained as a class action as it satisfies the numerosity, commonality, typicality, adequacy, predominance, and superiority requirements.

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- h) Whether the declaratory judgment sought is appropriate.
- 70. Plaintiff is a member of the putative Class. The claims asserted by the Plaintiff in this action are typical of the claims of the members of the putative Class as the claims arise from the same course of conduct by Defendant and the relief sought is common.
- 71. Plaintiff will fairly and adequately represent and protect the interests of the members of the putative Class, as its interests coincide with, and are not antagonistic to, the other members of the Class. Plaintiff has retained counsel competent and experienced in both consumer protection, insurance coverage, and class-action litigation.
- 72. Certification of the Class is appropriate pursuant to Section 382 of the California Code of Civil Procedure because:
 - a) Questions of law or fact common to the respective members of the Class predominate over questions of law or fact affecting only individual members. This predominance makes class litigation superior to any other method available for the fair and efficient adjudication of these claims including consistency of adjudications. Absent a class action it would be highly unlikely that the members of the Class would be able to protect their own interests because the cost of litigation through individual lawsuits might exceed the expected recovery;
 - b) A class action is a superior method for the adjudication of the controversy in that it will permit a large number of claims to be resolved in a single forum simultaneously, efficiently, and without the unnecessary hardship that would result from the prosecution of numerous individual actions and the duplication of discovery, effort, expense, and the burden of the courts that individual actions would create; and
 - c) The benefits of proceeding as a class action, including providing a method for obtaining redress for claims that would not be practical to pursue individually, outweigh any difficulties that might be argued with regard to the management of the class action.

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- 104. Defendant's conduct alleged herein is immoral, unethical, oppressive, unscrupulous, unconscionable, fraudulent, malicious, and/or substantially injurious to Plaintiff
- 105. Accordingly, Plaintiff has been injured as a result of Defendant's breach of the covenant of good faith and fair dealing and is entitled to damages in an amount to be proven at
- WHEREFORE, Plaintiff seeks compensatory damages, punitive damages and prejudgment interest for itself and similarly situated restaurants that incurred damages as a result

FOURTH CLAIM FOR RELIEF

Unfair Business Practices Under Bus. & Prof. Code § 17200, et seq.

- Plaintiff re-alleges paragraphs 1 through 106 above as if fully set forth herein.
- By its conduct alleged herein, Defendant has engaged in unlawful, unfair, and fraudulent business practices in violation of California Business & Professions Code §§ 17200
- 109. Defendant's conduct alleged herein violates the "unlawful" prong of the UCL because it violated the letter and spirit of California's Insurance Code, including California Insurance Code section 790, et seq, because, inter alia, Defendant failed or refused to perform a fair, objective, and thorough investigation of the Plaintiff's and class members' claims. As alleged herein, Defendant denied Plaintiff's and the class members' claims as part of Defendant's policy of categorically denying all or at least the vast majority of business income claims related to the novel coronavirus, and ignored other California requirements concerning the proper and fair evaluation of claims and interpretations of its policies.
- 110. Defendant's conduct alleged herein violates the "unfair" prong of the UCL, including but not limited to Defendant's: (a) categorical and wrongful denial of Plaintiff's and the class members' claims under the circumstances described in this complaint; (b) failure and refusal to perform a fair, objective, good-faith, and thorough investigation of the claims as directed by the California Insurance Code; (c) denial of Plaintiff's and the class members' claims

 as part of a policy of categorically denying claims related to the novel coronavirus; and (d) and failing to interpret its policies in an equitable manner and/or up to the standards required by California law (including but not limited to Cal. Ins. Code section 790 et seq.).

- 111. Defendant's conduct alleged herein is immoral, unethical, oppressive, unscrupulous, unconscionable, fraudulent, malicious, unfair, unlawful and/or substantially injurious to Plaintiff and the Class. There is no utility to Defendant's conduct, and even if there were any utility, it would be significantly outweighed by the gravity of the harm to consumers caused by Defendant's conduct alleged herein.
- 112. Defendant's conduct alleged herein also violates California public policy, including as such policy is reflected in Cal. Ins. Code § 790 et seq. and elsewhere in the California Insurance Code.
- Among other things, Defendant: (a) promised Plaintiff and the class coverage that was not provided and that Defendant had no intention of providing; (b) promised to evaluate each claim individually, reasonably, and in good faith, which Defendant did not do with respect to Plaintiff's and the class members' claims; falsely and misleadingly indicated to Plaintiff and class that it was investigating in good faith (and had investigated in good faith) their claims which Defendant did not do and knew that it did not do. Defendant collected Plaintiff's and the class members' premiums in exchange for coverage that was not provided, induced those premiums by promising to evaluate each claim individually reasonably, and in good faith and did not, and denied Plaintiff's and the class members' claim as part of a policy of categorically denying claims related to the novel coronavirus as part of a strategy to reduce its total insurance payments related to the novel coronavirus.
- 114. Defendant's fraudulent and deceptive conduct alleged herein was false and misleading had a tendency to deceive reasonable insureds, and did deceive Plaintiff and the class. Plaintiff and the class members reasonably relied on Defendant's deceptions and omissions alleged herein, including but not limited to by paying premiums to Defendant.

COMPLAINT

JURY DEMAND Plaintiff demands a trial by jury for all issues so triable under the law. Hecht Partners LLP Dated: June 16, 2020 Kathryn Lee Boyd (SBN 189496) lboyd@hechtpartners.com 125 Park Ave. 25th Floor New York, NY 10017 Telephone: 212-851-6821 Facsimile: 646-492-5111 Attorneys for Plaintiff Plan Check Downtown III, LLC, and others similarly situated, COMPLAINT