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9	SUPERIOR COURT OF THE	ESTATE OF CALIFORNIA	
10	FOR THE COUNT	ΓΥ OF ORANGE Assigned for All Purposes Judge Richard Lee	
11	HOTEL ADVENTURES LLC, a California	Case No.: 30-2021-01188889-CU-CO-CJC	
12	limited liability company, HOTEL2SUITES	·	
13	LLC, a California limited liability company,		
14	ALMANSOR COURT INC., a California	COMPLAINT AND DEMAND FOR	
	corporation, OCMC INC., a California	JURY TRIAL	
15	corporation, POMONA VALLEY MINING CO., a California corporation, QUIET	1. Breach of the Implied Covenant of	
16	CANNON MONTEBELLO INC., a	Good Faith and Fair Dealing	
17	California corporation, and MAVERICK	Good Farat and Fan Deamig	
18	HOSPITALITY GROUP INC., a California	2. Breach of Contract	
	corporation,		
19		3. Declaratory Relief	
20	Plaintiffs,		
21		4. Negligence	
22	VS.		
	FIREMAN'S FUND INSURANCE		
23	COMPANY, a California corporation,		
24	BIZLINKS INSURANCE SERVICES, INC.		
25	dba WESTERN ELITE INSURANCE		
26	SOLUTIONS, a California corporation,		
	UNITED VALLEY INSURANCE		
27	SERVICES, INC., a California corporation,		
28	and DOES 1-100, inclusive,		
	Defendants.		

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I. INTRODUCTION

1. The hospitality and restaurant industries in Camornia have historically
been two of the nation's busiest, serving a thriving and near-constant influx of tourists
and locals alike. Among the prominent figures in these industries are Hotel Adventures
LLC, Hotel2Suites LLC, Almansor Court Inc., OCMC Inc., Pomona Valley Mining Co.,
Quiet Cannon Montebello Inc., and Maverick Hospitality Group Inc. (hereinafter
collectively referred to as "Plaintiffs"), which operate multiple hotels, restaurants, and
conference and event centers throughout the counties of Los Angeles and Orange.
Plaintiffs' businesses include the Hilton Garden Inn in Montebello, the Home2 Suites by
Hilton in Montebello, the Quiet Cannon Conference & Event Center in Montebello, the
Almansor Court banquet facility in Alhambra, the Orange County Mining Co.
restaurant and banquet hall in Santa Ana, and the Pomona Valley Mining Co.
restaurant and lounge in Pomona. Each of the Plaintiffs' businesses have committed
themselves to providing outstanding service, and as a result have built strong customer
bases and enjoyed steady success.

- 2. But Plaintiffs' busy hotels, restaurants, and conference and event centers—which went unhindered until early March 2020—have now been devasted by the governmental orders, mandated social distancing, and fear and panic surrounding the emergence of the COVID-19 pandemic. Despite purchasing business interruption insurance from Fireman's Fund Insurance Company to cover *exactly* this kind of setback, Plaintiffs have had their insurance claim denied without any reasonable investigation, attempt to search for coverage, or other good faith conduct from their insurer. Instead, Plaintiffs were left to weather the storm without the one product they sorely needed—the insurance coverage they had spent years paying significant premiums and counting on in the event of disaster.
- 3. Originating in Wuhan, China, and rapidly progressing worldwide, COVID-19 ("the novel coronavirus") is a respiratory disease mainly spread by airborne droplets containing the SARS-CoV-2 virus, which are released when infected persons

- speak, sneeze, or cough. The airborne droplets containing SARS-CoV-2 physically alter and damage the air, including the air within buildings, such that the air is no longer safe to breathe. These airborne droplets also attach themselves to surfaces and properties, physically changing the condition of those surfaces and properties from safe to unsafe and deadly, capable of causing the novel coronavirus.
- 4. Far more infectious than the flu or many other diseases, the novel coronavirus has spread like wildfire—exploding in the span of a few months from a limited, regional disease to a major, worldwide pandemic. In addition, the novel coronavirus can be spread by asymptomatic carriers, making it particularly difficult to confirm its presence (or absence) in a given location, business, or community.
- 5. On January 21, 2020, the first confirmed case of the novel coronavirus in the United States was reported in Washington state. Despite the novel coronavirus circulating unchecked in the United States for months (with new studies pushing the first instance of community spread ever further back in time—and the first reported case in LA County in January 2020), in March 2020 both formal and informal measures were taken to stem the spread of SARS-CoV-2 and the novel coronavirus—including almost unheard-of social distancing measures, severe curtailing or outright shutdowns of businesses, and actions that have forever changed the face of the American economy.
- 6. Recognizing the severe threat to the population of Orange County and the need for swift action, the Orange County Healthcare Agency declared a local health emergency on February 26, 2020 to help ensure county government and the public were prepared for the possibility that COVID-19 will appear within the county. Days later, on March 4, 2020, Governor Gavin Newsom issued a Proclamation of a State of Emergency, which noted it was imperative "to implement measures to mitigate the spread of COVID-19" such that "state and local health departments must use all available preventative measures to combat the spread of COVID-19." Following suit, that same day, the County of Los Angeles Department of Public Health declared a local health emergency to help ensure county government and the public were prepared for the

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possibility that COVID-19 will appear within the county.

- 7. On March 13, 2020, the surging global pandemic—which at that point had infected over one thousand individuals within the United States, killing dozens and contributing to over 118,000 infections and 4,291 deaths worldwide—was declared a national emergency by President Donald Trump, echoing the World Health Organization's March 11, 2020 declaration of the disease as a global pandemic. But notably, states, counties, and even cities were free to issue their *own* health guidance, shutdown orders, or distancing requirements. On March 16, 2020, the County of Los Angeles Health Officer issued a shelter-in-place order "prohibit[ing] all indoor public and private gatherings and all outdoor public and private events within a confined space, where at least 50 people are expected to be in attendance at the same time," and also requiring all permanent food facilities to limit their services to only preparing and offering food to customers via delivery service, via pick up for takeout dining only, or via drive-through. On March 18, 2020, the County of Orange Health Officer issued an order prohibiting public or private gatherings—which included "any event or convening that brings together people in a single room or single space at the same time"—while also requiring all food to be served via delivery, pick-up, or drivethrough. In-person dining, conference spaces, travel, and other forms of social and entertainment life were eliminated, essentially overnight. Plaintiffs' hotels, restaurants, and conference and events centers were thus effectively shut down.
- 8. On March 19, 2020, implementing the most stringent methods yet used to prevent further spread of the global pandemic, Governor Newsom issued an executive order effectively requiring that all California citizens not identified as employees of critical infrastructure sectors stay at home, leaving only to obtain access to necessities, and even then at all times practicing social distancing by maintaining at least six feet of distance with others ("the stay at home order"). Los Angeles followed two days later, on March 21, 2020, with its own "Safer At Home Order for Control of COVID-19," which served as a "temporary prohibition of all events and gatherings," and the

- "closure of non-essential businesses and areas."
- 9. These national, state, and local measures effectively shuttered the majority of California businesses, particularly in the counties of Los Angeles and Orange. Plaintiffs' businesses were among those that were affected by these measures.
- 10. Plaintiffs, having purchased a businessowners policy specifically providing for business interruption coverage in the event of direct physical loss of or damage to their covered property, looked to their insurer, Defendant Fireman's Fund Insurance Company, to compensate them for the catastrophic loss of business, business income, and extra expense incurred to remedy direct and threatened physical losses of or damages to their property. However, Fireman's Fund Insurance Company denied Plaintiffs' claim on July 20, 2020, without conducting any investigation or even making a good faith attempt to look for coverage, and thus refusing to protect Plaintiffs against their losses in this devastating time. Defendant did so in bad faith by erroneously claiming that Plaintiffs did not suffer a "direct physical loss of or damage to" property, and further claiming, erroneously, that various exclusions within Plaintiffs' policy preclude coverage.
- 11. Defendant's denial of coverage directly contradicts decades of case law nationwide acknowledging that when an external force—such as toxic vapors, gases, or odors—causes a covered premises to become temporarily or permanently unusable or uninhabitable, that loss and loss of use is considered "direct physical loss of" the covered premises and has been deemed a covered loss under business interruption policies. Defendant's claim that coverage is precluded by various exclusions under Plaintiffs' policy is also incorrect, as Plaintiffs' losses were proximately caused by the general public fear surrounding the global pandemic, social distancing measures taken by individuals and businesses, state, national, and local declarations of emergency, and the stay at home order issued by California, as well as the orders and guidance issued by various state, national, local, and other entities, rather than any of the excluded perils that Defendant will likely contend may be applicable to this claim. Each of the

- foregoing efficient proximate causes of Plaintiffs' losses are *not* excluded under the terms of Plaintiffs' policy, and thus, constitute covered perils for which Plaintiffs are entitled to full policy benefits pursuant to California law.
 - 12. Fireman's Fund Insurance Company, by its "shoot-from-the-hip" denial, and its refusal to conduct *any* kind of investigation or even make a bare attempt at looking for coverage before denial, is thus a textbook example of an insurer placing its own financial interests ahead of its insureds, and placing its own profits over the financial well-being of its insureds.

10 II. THE PARTIES

- 13. Plaintiff Hotel Adventures LLC is a California limited liability company with an entity address registered with the California Secretary of State located at 17662 Irvine Blvd., Ste. 4, Tustin, CA 92780, in the County of Orange, and with its insurance covered property located in Montebello, California.
- 14. Plaintiff Hotel2Suites LLC is a California limited liability company with an entity address registered with the California Secretary of State located at 17662 Irvine Blvd., Ste. 4, Tustin, CA 92780, in the County of Orange, and with its insurance covered property located in Montebello, California.
- 15. Plaintiff Almansor Court Inc. is a California corporation with an entity address registered with the California Secretary of State located at 17662 Irvine Blvd., Ste. 4, Tustin, CA 92780, in the County of Orange, and with its insurance covered property located in Alhambra, California.
- 16. Plaintiff OCMC Inc. is a California corporation with an entity address registered with the California Secretary of State located at 17662 Irvine Blvd., Ste. 4, Tustin, CA 92780, in the County of Orange, and with its insurance covered property located in Santa Ana, California.
- 17. Plaintiff Pomona Valley Mining Co. is a California corporation with an entity address registered with the California Secretary of State located at 17662 Irvine

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- Blvd., Ste. 4, Tustin, CA 92780, in the County of Orange, and with its insurance covered property located in Pomona, California.
- 18. Plaintiff Quiet Cannon Montebello Inc. is a California corporation with an entity address registered with the California Secretary of State located at 17662 Irvine Blvd., Ste. 4, Tustin, CA 92780, in the County of Orange, and with its insurance covered property located in Montebello, California.
- 19. Plaintiff Maverick Hospitality Group Inc. is a California corporation, with its registered entity address located at 17662 Irvine Blvd., Ste. 4, Tustin, CA 92780, in the County of Orange.
- 20. Plaintiffs are informed and believe and thereupon allege that Defendant Fireman's Fund Insurance Company is a corporation domiciled in the State of California, with its principal place of business in Chicago, Illinois. Plaintiffs are further informed and believe and thereupon allege that at all relevant times, Fireman's Fund Insurance Company was authorized to transact business in the State of California, and Fireman's Fund Insurance Company was, and is, transacting the business of insurance in the State of California, including issuing, delivering, and providing the insurance policy at issue to California residents in the state of California – specifically to California insureds at their entity addresses in the County of Orange. The insurance policy at issue was negotiated, delivered, and issued to Plaintiffs, with the expectation that it was to be performed (and policy benefits provided) in the counties of Los Angeles and Orange. Further, based upon information and belief, Fireman's Fund maintains one of its principal offices in California at 800 S. Figueroa Street, Los Angeles, CA 90017, and has designated an agent for service of process with the California Department of Insurance located at 818 W. 7th St., Suite 930, Los Angeles, CA 90017.
- 21. Defendant Bizlinks Insurance Services, Inc. is a California corporation doing business as Western Elite Insurance Solutions ("Western Elite"), with its principal place of business in Roseville, California. Plaintiffs are informed and believe and thereupon allege that at all relevant times, Western Elite was authorized to transact

- business in the State of California, and Western Elite was, and is, transacting the
 business of insurance in the State of California, and specifically transacting the business
- 3 of insurance with insureds, including the Plaintiffs, located in the County of Orange.
- 22. Defendant United Valley Insurance Services, Inc. ("United Valley") is a
 California corporation with its principal place of business in Fresno, California.
 Plaintiffs are informed and believe and thereupon allege that at all relevant times,
 United Valley was authorized to transact business in the State of California, and United
 Valley was, and is, transacting the business of insurance in the State of California, and
 - specifically transacting the business of insurance with insureds, including the Plaintiffs, located in the County of Orange.

 23. At all times relevant herein, Plaintiffs are informed and believe, and
 - thereupon allege, that Does 1 through 100, inclusive, and each of them, were domiciled in the State of California, whether by incorporation, principal place of business, or by maintaining sufficient minimum contacts in the State of California to the extent necessary for this Court to exercise personal jurisdiction over them.
 - 24. The true names and capacities of Does 1 through 100, inclusive, and each of them, whether individual, corporate, alter ego, partnership, joint-venture, associate or otherwise are presently unknown to Plaintiffs, who therefore sue these defendants by fictitious names, and will seek leave of court to amend this complaint once the true names and capacities are ascertained.
 - 25. At all times relevant, Plaintiffs are further informed and believe, and thereupon allege, that defendants, including Does 1 through 100, inclusive, and each of them, acted in the capacity of principal, agent, master, servant, employer, employee, whether general or special, independent contractor, joint-venture, partnership, or otherwise, and acted under the control of and at the direction of each other defendant, and that such agency relationship existed contractually, apparently, or ostensibly, and that each defendant acted within the course and scope of such agency and employment, and that each defendant as a principal is vicariously liable for the negligent conduct of

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each defendant acting as an agent within the course and scope of such agency, and that
each defendant when acting as a principal was negligent, careless, or reckless in the
selection, hiring, training, management, supervision, and entrustment of each and every
other defendant, and ratified and approved of the unauthorized conduct of each
defendant after it occurred, by conduct, inference or otherwise.

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III. **JURISIDICTION AND VENUE**

26. This superior court has general subject matter jurisdiction over this action, pursuant to California Constitution Article VI section 4. The sum in dispute greatly exceeds the minimum jurisdiction limit of the unlimited division of the Superior Court.

27. Venue in the Superior Court of this County is proper as it is the county in which the majority of the occurrences and events giving rise to Plaintiffs' injuries occurred (including the county where the insurance policy was delivered—with all of the insureds having an entity address location in Tustin, CA—and where some of the actual insured properties are located, where the insureds suffered significant damages, and the location in which the Defendants' actions caused harm) and where the insurance policy at issue was to be largely performed by providing insurance policy benefits to the insureds pursuant to Code of Civil Procedure section 395(a).

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IV. **GENERAL ALLEGATIONS**

Plaintiffs' business interruption policy Α.

28. On or about June 30, 2019, Defendant Fireman's Fund Insurance Company entered into a contract of insurance with Plaintiffs pursuant to businessowners policy number S 90 MZX 80997856 ("the Policy"), whereby Plaintiffs agreed to make significant premium payments to Fireman's Fund Insurance Company in exchange for Fireman's Fund Insurance Company's promise to indemnify Plaintiffs for losses including, but not limited to, business income losses incurred during the policy period of June 30, 2019 to June 30, 2020. Each of the Plaintiffs named in this action is a Named

- 1 Insured under the Policy. The Policy was delivered to the Plaintiffs at their business
- 2 address in Tustin, CA. At issue here are at least five types of coverage provided by the
- 3 Policy, as well as various other provisions, coverages, and extensions: Business Income,
- 4 Extended Business Income, and Civil Authority coverage, and potentially Crisis Event
- 5 Business Income and Extra Expense and Communicable Disease Extra Expense
- 6 coverage.

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- 29. The Policy's Business Income Coverage provision provides that the Policy "will pay for the actual loss of Business Income you sustain due to the necessary suspension of your operations during the period of restoration. The suspension must be caused by direct physical loss of or damage to property...caused by or resulting from any Covered Cause of Loss." Plaintiffs' premises, including those in Montebello, Alhambra, Santa Ana, and Pomona, CA, constitute the Covered Property.
- 30. The Policy's Extended Business Income coverage provides additional coverage for actual business income losses sustained for up to 30 additional days.
- 31. The Policy further provides Civil Authority coverage for actual loss of Business Income and necessary Extra Expense as follows:

b. Civil Authority

We will pay for the actual loss of Business Income you sustain and necessary Extra Expense caused by action of civil authority that prohibits access to the described premises due to direct physical loss of or damage to property, other than at the described premises, caused by or resulting from any Covered Cause of Loss. This coverage will apply for a period of up to two consecutive weeks from the date of that action.

32. The Policy's Special Causes of Loss (Special Form) provision is as follows:

Special Causes of Loss (Special Form)

When **Special** is shown in the Declarations, covered causes of loss means the Basic Causes of Loss and Risks of Direct Physical Loss not covered by the Basic Causes of Loss unless loss is excluded or limited as stated in Sections B and C that follow.

33. Finally, the Policy includes various inapplicable exclusions, hereinafter

collectively referred to as "the Exclusions." The Exclusions include: (1) an exclusion for disease; and (2) an exclusion for "acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body."

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B.	The widespread social distancing, governmental orders, and worldwide fear
	and panic during the pandemic and the effect on Plaintiffs' businesses

- 34. On January 21, 2020, the first confirmed case of the novel coronavirus in the United States was reported in Washington state, and within weeks, both formal and informal measures were taken to stem the spread of the disease. At that point, the coronavirus had already infected thousands and continued largely unimpeded, threatening to overwhelm health care systems worldwide due to the ease with which it spread and its potentially fatal impact. Highly contagious, the novel coronavirus is mainly spread through airborne droplets containing the SARS-CoV-2 virus that are released when infected persons speak, sneeze, or cough, contaminating others via interpersonal contact or via contact with a contaminated surface, on which SARS-CoV-2 can survive for days. The airborne droplets containing the SARS-CoV-2 virus physically alter and damage the air, including the air within buildings, such that the air is no longer safe to breathe. These airborne droplets also attach themselves to surfaces and properties, physically changing the condition of those surfaces and properties from safe to unsafe and deadly, capable of causing the novel coronavirus disease.
- 35. Particularly troublesome is the possibility of "asymptomatic spread," meaning that individuals can become contagious (and spread infective droplets to others and onto surfaces) without knowing they are sick. This makes it particularly difficult to track the virus, as well as to confirm the presence of the virus in a particular location, building, or community. Though the first cases were reported in the United States in January 2020 (with new research demonstrating community spread even earlier), businesses such as those of the Plaintiffs were unaffected until the action by government agencies and other entities in early March 2020.
 - 36. Recognizing the severe threat to the population of Orange County and the

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- 1 need for swift action, the Orange County Healthcare Agency declared a local health
- 2 emergency on February 26, 2020 to help ensure county government and the public were
- 3 prepared for the possibility that COVID-19 will appear within the county. Days later, on
- 4 March 4, 2020, Governor Gavin Newsom issued a Proclamation of a State of Emergency,
- 5 which noted it was imperative "to implement measures to mitigate the spread of
- 6 COVID-19" such that "state and local health departments must use all available
- 7 preventative measures to combat the spread of COVID-19." Following suit, that same
- 8 day, the County of Los Angeles Department of Public Health declared a local health
- 9 emergency to help ensure county government and the public were prepared for the
- 10 possibility that COVID-19 will appear within the county.
 - 37. On March 12, 2020, California Governor Gavin Newsom issued Executive Order N-25-20 ordering that: "All residents are to heed any orders and guidance of state and local public health officials, including but not limited to the imposition of social distancing measures, to control the spread of COVID-19."
 - 38. Also on March 13, 2020, the surging global pandemic—which at that point had infected over one thousand individuals within the United States, killing dozens and contributing to over 118,000 infections and 4,291 deaths worldwide—was declared a national emergency by President Donald Trump, echoing the World Health Organization's March 11, 2020 declaration of the disease as a global pandemic. Notably, states, counties, and cities were left to their own judgment as to what, if any, social distancing, shutdown, or other orders were in the best interests of their citizens.
 - 39. On March 16, 2020, the County of Los Angeles Health Officer issued a shelter-in-place order "prohibit[ing] all indoor public and private gatherings and all outdoor public and private events within a confined space, where at least 50 people are expected to be in attendance at the same time," and also requiring all permanent food facilities to limit their services to only preparing and offering food to customers via delivery service, pick-up for takeout dining only, or via drive-through. On March 18, 2020, the County of Orange Health Officer issued an order prohibiting public or private

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gatherings—which included "any event or convening that brings together people in a single room or single space at the same time"—while also requiring all food to be served via delivery, pick-up or drive-through.

- 40. On March 19, 2020, seeking to prevent the further spread of the global pandemic by both symptomatic and asymptomatic carriers, Governor Newsom issued an executive order effectively requiring that all citizens not identified as employees of critical infrastructure sectors stay at home, leave their homes only to obtain access to necessities and essential services, and even then at all times practicing social distancing by maintaining at least six feet of distance with others. Governor Newsom's stay at home order was the first in the nation and effectively shuttered non-essential California businesses. Los Angeles followed two days later, on March 21, 2020, with its own "Safer At Home Order for Control of COVID-19," which served as a "temporary prohibition of all events and gatherings," and the "closure of non-essential businesses and areas." Similar orders were quickly implemented by other governors, such that by April 6, 2020, forty-three states had issued stay at home orders.
- 41. Plaintiffs operate hotels, restaurants, and conference and event centers from their premises in Montebello, Alhambra, Santa Ana, and Pomona, California—the Covered Properties—which were shuttered or severely curtailed due to informal social distancing precautions, fear surrounding the coronavirus, the stay at home order, the local County orders, and the actions of the national, state, and local government, health departments, and other entities. As a result, Plaintiffs have experienced a significant reduction in their business activities and suffered extensive losses. Indeed, Plaintiffs were required to curtail non-essential business activities and close their restaurants to dine-in customers, severely hampering their businesses. They were deprived of the ability to open and operate their businesses, were deprived of the ability to access their property for their normal business pursuits, and were dispossessed of their businesses and their buildings by the significant governmental orders, fear and panic, mandated social distancing, and other issues discussed throughout this complaint. As a result,

Plaintiffs have experienced a significant reduction in their business activities and suffered extensive losses.

- 42. Moreover, at the time that the Plaintiffs' businesses were shuttered or severely curtailed, SARS-CoV-2 and the novel coronavirus were present on and around the Covered Properties. At all relevant times, SARS-CoV-2 and the novel coronavirus were prevalent in the counties of Orange and Los Angeles, as well as neighboring counties. Plaintiffs' businesses are frequented by thousands of individuals a day, including employees and customers infected with the novel coronavirus. These individuals released SARS-CoV-2 into the air by breathing, while at the same time contaminating countless other surfaces on Plaintiffs' Covered Properties with SARS-CoV-2 by touching them—including furniture, doors, and other surfaces.
- 43. Upon the gradual reopening of Plaintiffs' businesses, Plaintiffs had to implement additional cleaning and sanitization measures in order to prevent the spread of SARS-CoV-2 and the novel coronavirus, in accordance with public health orders from the counties of Orange and Los Angeles—all at significant cost to Plaintiffs.

C. Plaintiffs' business interruption claim

44. As these devastating losses began to surface, Plaintiffs filed a claim for insurance policy benefits with Defendant Fireman's Fund Insurance Company. On July 20, 2020, apparently without investigation or even an attempt to search for coverage in favor of the insureds, Defendant denied Plaintiffs' claim. That denial was based on the erroneous coverage position that the worldwide pandemic, social distancing, governmental orders, and fear and panic that resulted in the shuttering of Plaintiffs' businesses (the loss of use of the properties as well as the dispossession and deprivation of the properties) did not cause direct physical loss of or damage to Plaintiffs' buildings that caused or resulted in a shut down from a Covered Cause of Loss. Defendant, further ignoring California law, claims that the purported lack of direct physical loss of or damage to property other than at the covered premises precludes coverage under the

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- Policy's Civil Authority provision, and further claims that the Exclusions preclude coverage for loss of business income.
- 45. Defendant's claim that Plaintiffs have not suffered direct physical loss of or damage to their property as required by the Policy is contrary to established case law nationwide. For more than 50 years, courts in this country have recognized that where an external force renders a covered premises temporarily or permanently unusable or uninhabitable, a "direct physical loss" of the covered premises results. (Hughes v. Potomac Ins. (1962) 18 Cal.Rptr. 650 ["common sense" dictated a physical loss of or damage to property, and thus coverage, when a building was "rendered completely useless to its owners"]; Western Fire Insurance Co. v. First Presbyterian Church (1968) 165 Colo. 34 [finding that a church building's saturation with gasoline vapors constituted a "direct physical loss" when the building could no longer be occupied or used]; Farmers Insurance Co. of Oregon v. Trutanich (1993) 123 Or. App. 6 [finding that pervasive and persistent odor from methamphetamine in the covered premises constituted direct physical loss]; Sentinel Management Co. v. New Hampshire Insurance Co. (1997) 563 N.W.2d 296 [finding that contamination by asbestos fibers constituted a direct physical loss, as "a building's function may be seriously impaired or destroyed and the property rendered useless by the presence of contaminants"]; Murray v. State Farm (W.Va. 1998) 509 S.E.2d 1 ["losses covered by the policy, including those rendering the insured property unusable or uninhabitable, may exist in the absence of structural damage to the insured property"]; Port Authority of New York and New Jersey v. Affiliated FM Ins. Co. (3rd Cir.2002) 311 F.3d 226 [holding that the presence of large quantities of asbestos in a structure such that its function is nearly eliminated or destroyed, or such that the structure is made useless or uninhabitable, constitutes a "physical loss" or damage]; TRAVCO Ins. Co. v. Ward (E.D.Va.2010) 715 F.Supp.2d 699 [holding that "direct physical loss" existed where a home was rendered uninhabitable by toxic gases released by drywall]; Mellin v. Northern Security Insurance Co., Inc. (2015) 167 N.H. 544 [holding that "[e]vidence that a change rendered the insured property temporarily or permanently

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- 1 unusable or uninhabitable" may support a finding of physical loss].) Yet Defendant 2 failed to even make a bare attempt to search for coverage, seeking instead to deny as
- 3 rapidly as possible to discourage its insureds from making further claims for their
- 4 mounting losses.

Cal.App.4th 766, 779.

47.

- 5 46. Defendant's denial also fails to take into account the fact that SARS-CoV-2 6 has caused "direct physical loss of or damage to" Plaintiffs' Covered Properties, in that 7 SARS-CoV-2 has caused a distinct, demonstrable, physical alteration of the Covered 8 Properties by contaminating the air within and surrounding the buildings, the surfaces 9 of the buildings themselves, and countless surfaces within them, turning them from safe 10 to unsafe and deadly, capable of spreading the novel coronavirus. Such "distinct, 11 demonstrable, physical alteration[s]" of property are considered direct physical losses 12 pursuant to MRI Healthcare Center of Glendale v. State Farm General Ins. Co. (2010) 187
 - As to the Policy's Disease exclusion, provisions that take away coverage must be "conspicuous, plain and clear" to be enforceable. (*De May v. Interinsurance Exch.* Of Auto. Club of Southern Calif. (1995) 32 Cal.App.4th 1133, 1137.) In addition, exclusions in an insurance policy are strictly construed against an insurer, and are liberally interpreted in favor of the insured. (E.M.M.I. Inc. v. Zurich American Ins. Co. (2004) 32 Cal.4th 465, 471.) If there is any ambiguity as to whether the exclusion applies, California courts construe the exclusion against the insurer and in favor of the insured. (*Id.*) And even *unambiguous* exclusions will not defeat coverage if they are not "conspicuous" and understandable to a layperson. (Steven v. Fidelity & Cas. Co. of New York (1962) 58 Cal.2d 862, 878.) Fireman's Fund Insurance Company's purported exclusion fails that test, and cannot be enforceable to preclude Plaintiffs' losses. It also fails to unambiguously and clearly provide that it excludes losses caused by something like COVID-19—a global, worldwide pandemic that spreads invisibly, by asymptomatic spread, by infected surfaces, and that is not encompassed within the purported disease exclusion. The Disease exclusion also fails to unambiguously and clearly provide that it

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- 1 excludes losses caused by a virus such as SARS-CoV-2. Importantly, "disease"—a term
- 2 left undefined by the Policy—is defined by the Merriam Webster dictionary as "a
- 3 condition of the living animal or plant body or of one of its parts that impairs normal
- 4 functioning and is typically manifested by distinguishing signs and symptoms." ¹ Thus,
- 5 a disease is *not* a virus, but is rather a condition that may affect living things upon
- 6 exposure to a virus. Though Fireman's Fund Insurance Company had the opportunity
- 7 to exclude losses stemming from viruses through use of a standard ISO "virus or
- 8 bacteria" exclusion that has been in use since 2006, it opted against such an exclusion—
- 9 and in doing so, did nothing to limit liability for virus-associated risks.
 - 48. Even if the Disease exclusion was enforceable, the Supreme Court of California has held that "[p]olicy exclusions are unenforceable to the extent that they conflict with section 530 [of the Insurance Code] and the efficient proximate cause doctrine." (Julian v. Hartford Underwriters Ins. Co. (2005) 35 Cal.4th 747, 754.) Thus, where a covered peril serves as the efficient proximate cause of the insured's loss, the insurer must provide coverage for the loss, even where the insurer has attempted to contract around the efficient proximate cause doctrine through language stating that the policy will not cover any loss caused "directly or indirectly" by an excluded peril. (Id. at 753-755.) Here, the novel coronavirus served as merely one cause of Plaintiffs' losses, whilst the additional proximate causes of Plaintiffs' losses were the general public fear surrounding the global pandemic, required social distancing measures taken by individuals and businesses, state, national, and local declarations of emergency, the stay at home order, the local county orders shuttering nonessential businesses, and the SARS-CoV-2 virus—none of which are excluded under the terms of the Policy, and thus, each of which constitute Covered Causes of Loss within the meaning of the Policy, thus entitling Plaintiffs to indemnification for their losses.
 - 49. Second, in regard to the exclusion for loss due to "acts or decisions,

28 ¹ "Disease," Merriam-Webster.com Dictionary, Merriam-Webster, https://www.merriam-webster, https://www.merriam-webster

webster.com/dictionary/disease> (as of March 10, 2021).

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1 including the failure to act or decide, of any person, group, organization or 2 governmental body," the exclusion is inapplicable to the claim at hand per the Policy's 3 Commercial Property Conditions form, which specifically provides that "[a]ny act or 4 neglect of any person other than you beyond your direction or control will not affect 5 this insurance." (Emphasis added.) Here, the Plaintiffs' losses were caused by required 6 social distancing measures taken by individuals and businesses, state, national, and 7 local declarations of emergency, the stay at home order, and the local county orders 8 shuttering nonessential businesses—actions which were and continue to be entirely

beyond Plaintiffs' direction or control, and which thus remain Covered Causes of Loss

under the Policy, thus entitling Plaintiffs to indemnification for their losses.

- 50. In effect, Defendant Fireman's Fund Insurance Company has joined a slew of insurers, their marketing arms, and their favored defense counsel nationwide in an attempt to discourage insureds from even making claims, in addition to immediately denying them when they do—without investigation, a good faith search for coverage under the policy, or even the barest hint of factoring the insured's financial interests into the coverage decision. Instead, Defendant has joined other insurers in routinely denying business interruption claims from insureds who have been financially crippled by formal and informal measures taken in response to the global pandemic, and who purchased and continue to pay premiums for business interruption policies with the expectation that they would be protected against such losses. The apparent calculus behind these categorical denials falls in-line with an age-old tactic to allow these claims and lawsuits to pile up in order to leverage the dire situation of the insureds for governmental bailout proceeds.
- 51. Defendant's interpretation of the Policy is in bad faith and contrary to widely established principles of contract interpretation and California law, places Defendant's financial interests far above those of the Plaintiffs, and Plaintiffs are ultimately entitled to the business interruption protection they purchased.

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(Breach of the Implied	Covenant of Good Faith	and Fair Dealing)
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PLAINTIFFS HOTEL ADVENTURES LLC, HOTEL2SUITES LLC, ALMANSOR COURT INC., OCMC INC., POMONA VALLEY MINING CO., QUIET CANNON MONTEBELLO INC., AND MAVERICK HOSPITALITY GROUP INC. FOR A FIRST CAUSE OF ACTION AGAINST DEFENDANTS FIREMAN'S FUND INSURANCE COMPANY AND DOES 1 THROUGH 75, INCLUSIVE, FOR BREACH OF THE IMPLIED COVENANT OF GOOD FAITH AND FAIR DEALING, ALLEGE:

- 52. Plaintiffs refer to each and every paragraph of this complaint and incorporate those paragraphs as though set forth in full in this cause of action.
- 53. In every insurance contract, a covenant of good faith and fair dealing is implied, including Plaintiffs' businessowners policy. That is in part because Fireman's Fund Insurance Company, like all insurers, is a purveyor of a vital service—insurance, which insureds across the state and across the country purchase to ensure peace of mind. It is one of the very few products that consumers purchase, hoping never to have to use it. But when it is needed, the need is desperate, and insurers must act in good faith.
- 54. As a provider of insurance, Fireman's Fund Insurance Company must give at least as much consideration to the interests of its policyholders as it does to its own interests. The obligations of Fireman's Fund Insurance Company go beyond meeting reasonable expectations of coverage; the obligations of good faith and fair dealing encompass qualities of decency and humanity inherent in the responsibilities of an insurer. Indeed, insurers hold themselves out as fiduciaries and holders of the public's trust, and therefore, must perform their obligations in good faith.
- 55. In this case, Defendants Fireman's Fund Insurance Company and Does 1 through 75, inclusive, and each of them, have breached their duty of good faith and fair dealing owed to Plaintiffs under the Policy as follows:

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(a)	Unreasonably failing to conduct a fair, balanced, and thorough
	investigation, including the failure to adequately evaluate, investigate
	and review Plaintiffs' claim of loss prior to denial of Plaintiffs' claim;

- (b) Unreasonably refusing to make payments to Plaintiffs, knowing Plaintiffs' claims for benefits under the Policy were valid;
- (c) Unreasonably delaying benefits under the Policy to Plaintiffs, at a time when Defendants knew that Plaintiffs were entitled to such benefits under the terms of the Policy;
- (d) Unreasonably delaying and denying Plaintiffs the benefits they were promised under the Policy through the unreasonable and illegitimate delay and denial of payments that Plaintiffs were entitled to;
- (e) Unreasonably placing Fireman's Fund Insurance Company's own financial interests above the interests of its insureds;
- (f) Unreasonably engaging in a course of conduct designed to prevent Plaintiffs from obtaining the coverage they were entitled to under the Policy;
- (g) Failing and refusing to give at least as much consideration to Plaintiffs' interests as Fireman's Fund Insurance Company gave to its own interests;
- (h) Unreasonably and in bad faith interpreting the Policy in a way that contravenes California law and principles of interpretation, all in an effort to avoid paying rightly owed policy benefits;
- (i) Unreasonably and in bad faith failing to pay full and final benefits due under the Business Income provisions of the Policy; and
- (j) Unreasonably and in bad faith failing to pay full and final benefits due under the Civil Authority provision of the Policy.
- 56. Plaintiffs are informed and believe and thereupon allege that Defendants

- 1 Fireman's Fund Insurance Company and Does 1 through 75, inclusive, and each of
- 2 them, have breached their duty of good faith and fair dealing owed to Plaintiffs by
- 3 other acts or omissions of which Plaintiffs are presently unaware and which will be
- 4 shown according to proof at the time of trial.
 - 57. As a proximate result of the aforementioned unreasonable and bad faith conduct of Defendants Fireman's Fund Insurance Company and Does 1 through 75, inclusive, and each of them, Plaintiffs have suffered, and will continue to suffer in the future, economic and other consequential damages, for a total amount to be shown at the time of trial.
 - 58. As a further proximate result of the aforementioned wrongful conduct of Defendants Fireman's Fund Insurance Company and Does 1 through 75, inclusive, and each of them, Plaintiffs were compelled to retain legal counsel to obtain the benefits due under the Policy and benefits of their bargain with Fireman's Fund Insurance Company. Therefore, Defendants Fireman's Fund Insurance Company and Does 1 through 75, inclusive, and each of them, are liable to Plaintiffs for those attorneys' fees, witness fees, and costs of litigation reasonably necessary and incurred by Plaintiffs in order to obtain Policy benefits.
 - 59. Defendants Fireman's Fund Insurance Company's and Does 1 through 75's conduct described herein was intended by these Defendants to cause injury to Plaintiffs, or was despicable conduct carried on by these Defendants with a willful and conscious disregard of the rights of Plaintiffs, or subjected Plaintiffs to cruel and unjust hardship in conscious disregard of Plaintiffs' rights, or was an intentional misrepresentation, deceit, or concealment of a material fact known to these Defendants with the intention to deprive Plaintiffs of property, legal rights, or to otherwise cause injury, such as to constitute malice, oppression, or fraud under California Civil Code section 3294, thereby entitling Plaintiffs to punitive damages in an amount appropriate to punish or set an example of Defendants Fireman's Fund Insurance Company and Does 1 through 75.

- 60. Defendants Fireman's Fund Insurance Company's and Does 1 through 75's conduct as previously alleged evidences that these Defendants consciously engaged in a pattern of intentionally undersetting policy limits, delaying and intentionally wrongfully withholding benefits from Plaintiffs, unreasonably failing to thoroughly investigate and evaluate Plaintiffs' claims, and knowingly failing to give their insureds' interests at least as much consideration as their own. These Defendants' pattern of conduct to unreasonably delay, underset limits, and failure to provide benefits under the Policy as previously alleged, forced the Plaintiffs to suffer losses which should have been covered by the Policy.
- 61. Defendants Fireman's Fund Insurance Company and Does 1 through 75 knowingly and wrongfully elevated their financial interests above those of Plaintiffs in this case, and acted with a willful and conscious disregard of Plaintiffs' rights to timely receive benefits as provided by the Policy. Defendants Fireman's Fund Insurance Company and Does 1 through 75, willfully and intentionally sought to deprive Plaintiffs of benefits which they were entitled to receive under the Policy or should have been entitled to receive had Fireman's Fund Insurance Company accurately and adequately performed its duties as an insurer.
- 62. Defendants Fireman's Fund Insurance Company's and Does 1 through 75's conduct described herein was undertaken by these corporate Defendants' officers or managing agents, who were responsible for policy underwriting, policy limit setting, claims supervision and operations, underwriting, policy interpretation, communications, and/or decisions. The aforementioned conduct of said managing agents and individuals was therefore undertaken on behalf of these corporate Defendants. These corporate Defendants further had advanced knowledge of the actions and conduct of said individuals whose actions and conduct were ratified, authorized, and approved by managing agents whose precise identities are unknown to Plaintiffs at this time and are therefore identified and designated herein as Does 1 through 75, inclusive.

SECOND CAUSE OF ACTION
(Breach of Contract)
PLAINTIFFS HOTEL ADVENTURES LLC, HOTEL2SUITES LLC, ALMANSOR
COURT INC., OCMC INC., POMONA VALLEY MINING CO., QUIET CANNON
MONTEBELLO INC., AND MAVERICK HOSPITALITY GROUP INC. FOR A SECOND
CAUSE OF ACTION AGAINST DEFENDANTS FIREMAN'S FUND INSURANCE
COMPANY AND DOES 1 THROUGH 75, INCLUSIVE, FOR BREACH OF
CONTRACT, ALLEGE:
63. Plaintiffs refer to each and every paragraph of this complaint and
incorporate those paragraphs as though set forth in full in this cause of action.
64. Plaintiffs have fully and completely performed all their duties and
obligations under the Policy, including the timely payment of all premiums.
65. Defendants Fireman's Fund Insurance Company and Does 1 through 75,
inclusive, and each of them, owed duties and obligations to Plaintiffs under the Policy.
Defendants Fireman's Fund Insurance Company and Does 1 through 75, inclusive, and
each of them, breached those duties and obligations by denying Plaintiffs' claim for
policy benefits without investigation and without a reasonable attempt to search for
coverage, ultimately depriving Plaintiffs of the business-saving policy benefits which
they are owed.
66. As a direct and proximate result of Defendants' conduct and material
breach of their contractual obligations, Plaintiffs have suffered damages under the
Policy in an amount to be determined according to proof at the time of trial, plus
interest and other foreseeable, consequential, and incidental damages according to
proof, and in amounts to be determined at the time of trial.

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1	THIRD CAUSE OF ACTION
2	(Declaratory Relief)
3	PLAINTIFF HOTEL ADVENTURES LLC, HOTEL2SUITES LLC, ALMANSOR
4	COURT INC., OCMC INC., POMONA VALLEY MINING CO., QUIET CANNON
5	MONTEBELLO INC., AND MAVERICK HOSPITALITY GROUP INC. FOR A THIRD
6	CAUSE OF ACTION AGAINST DEFENDANTS FIREMAN'S FUND INSURANCE
7	COMPANY AND DOES 1 THROUGH 75, INCLUSIVE, FOR DECLARATORY RELIEF,
8	ALLEGE:

- 67. Plaintiffs refer to each and every paragraph of this complaint and incorporate those paragraphs as though set forth in full in this cause of action.
- 68. Under California Code of Civil Procedure section 1060 et seq., the court may declare the rights, status, and other legal relations whether or not further relief is or could be claimed.
- 69. An actual controversy has arisen between Plaintiffs and Defendants Fireman's Fund Insurance Company and Does 1 through 75 as to the rights, duties, responsibilities and obligations of the parties in that Plaintiffs contend and, based on information and belief and the denial of policy benefits prepared by Defendants Fireman's Fund Insurance Company and Does 1 through 75, who dispute and deny, that:
 - (a) the state, national, and local governmental orders and directives shuttering nonessential businesses, the global pandemic, and the general public fear and panic surrounding the COVID-19 pandemic rendered Plaintiffs' covered premises to become temporarily or permanently unusable or uninhabitable;
 - (b) these orders, directives, and community fear and the pandemic specifically constitute a "direct physical loss of or damage to" covered property under the Policy;

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- (c) these orders, directives, pandemic and community fear trigger coverage because these issues are the efficient proximate cause of Plaintiffs' loss;
- (d) no Policy coverage exclusions or limitations apply to exclude or limit coverage;
- Plaintiffs have suffered an actual and covered loss in an amount to be (e) determined at trial;
- (f) some or all of the period of Plaintiffs' covered loss is within the period of restoration under the Policy; and
- the Policy provides coverage to Plaintiffs for any future governmental or (g)entity orders and directives and community fear surrounding the COVID-19 pandemic which results in the shuttering of nonessential businesses and thereby causing a physical loss of the covered premises.
- 70. Resolution of the duties, responsibilities and obligation of the parties is necessary as no adequate remedy at law exists and a declaration of the Court is needed to resolve the dispute and controversy.
- 71. Plaintiffs seek a Declaratory Judgement to determine whether the state, national, and local governmental orders, the shuttering of nonessential businesses, the pandemic itself and the general public fear surrounding the COVID-19 pandemic rendered Plaintiffs' covered premises to become temporarily or permanently unusable or uninhabitable so as to constitute a "direct physical loss of or damage to" property under the Policy.
- 72. Plaintiffs further seek a Declaratory Judgement to affirm that such governmental orders, medical directives, pandemic, and community fear trigger coverage under the Policy because these issues are the efficient proximate cause of Plaintiffs' loss, and no Policy coverage exclusions or limitations otherwise apply to exclude or limit coverage under these circumstances.

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1	73. Plaintiffs further seek a Declaratory Judgement to affirm that Plaintiffs			
2	have suffered an actual and covered loss within the period of restoration under the			
3	Policy beginning on or about March 4, 2020.			
4	74. Plaintiffs further seek a Declaratory Judgment to affirm that the Policy			
5	provides coverage to Plaintiffs for the current and any future governmental orders,			
6	pandemic issues, and widespread fear surrounding the COVID-19 pandemic which			
7	results in the shuttering nonessential businesses and thereby causing a physical loss of			
8	the covered premises.			
9	75. Plaintiffs, through this cause of action only, do not seek any determination			
10	of whether the novel coronavirus is physically in the covered premises, amount of			
11	damages, or any other remedy other than declaratory relief.			
12				
13	FOURTH CAUSE OF ACTION			
14	(Negligence)			
15	PLAINTIFFS HOTEL ADVENTURES LLC, HOTEL2SUITES LLC, ALMANSOR			
16	COURT INC., OCMC INC., POMONA VALLEY MINING CO., QUIET CANNON			
17	MONTEBELLO INC., AND MAVERICK HOSPITALITY GROUP INC. FOR A FOURTH			
18	CAUSE OF ACTION AGAINST DEFENDANTS BIZLINKS INSURANCE SERVICES,			
19	INC. DBA WESTERN ELITE INSURANCE SOLUTIONS, UNITED VALLEY			
20	INSURANCE AGENCY, INC., AND DOES 76 THROUGH 100, INCLUSIVE, FOR			
21	NEGLIGENCE, ALLEGE:			
22	76. Plaintiffs refer to each and every paragraph of this complaint and			
23	incorporate those paragraphs as though set forth in full in this cause of action. This			
24	cause of action is brought in the alternative to the First, Second, and Third Causes of			
25	Action regarding the insurance procured by and through Defendants Western Elite,			
26	United Valley, and Does 76 through 100, inclusive.			
27	77. Defendant Western Elite is a member of United Valley, a network of			
28	insurance agencies. Upon information and belief, United Valley procures insurance for			

- policyholders on behalf of its members, including Western Elite. While operating as a member of United Valley, and through the course and scope of that membership, partnership, agency, or other relationship, Western Elite procured the Policy for Plaintiffs, with the producer on the Policy listed as United Valley.
 - 78. Defendants Western Elite, United Valley, and Does 76 through 100, inclusive, and each of them, held themselves out to Plaintiffs as specialists in the business interruption and business policyholder insurance arena and in obtaining comprehensive insurance coverage, particularly with respect to those in the hospitality industry, such as Plaintiffs. For example, and among other representations, Western Elite advertises that "experience, insight, and commitment are hallmarks of an organization focused on being the best in its industry . . . by creating *tailored solutions* for employers, associations, and groups." (https://westerneliteins.com/our-company/, emphasis added.) It promises to "provide our clients with a unique insurance program, targeted, detailed and customized according to the individual needs of each client." (*Id.*) Its "key to success" is the "intensive focus on specific industry segments and the ability to control the risk management and safety for those organizations." (*Id.*) Plaintiffs utilized that claimed expertise, and relied upon, in selecting both their insurance brokers as well as the insurance products recommended and pushed by Defendants.
 - 79. Defendants, due to that claimed expertise, thus owed duties of reasonable care, diligence and loyalty, and judgment to Plaintiffs in procuring insurance and to assure that coverage as requested and promised was in place to protect Plaintiffs.
 - 80. Plaintiffs specifically requested that Defendants Western Elite, United Valley, and Does 76 through 100, inclusive, obtain full and adequate insurance to protect against the risks of future loss. These Defendants agreed to provide such insurance coverage to adequately and fully protect Plaintiffs should they suffer business interruption losses, and sold Plaintiffs the Policy pursuant to the representation and understanding that Plaintiffs would be covered and protected from any business interruption loss and loss of income, except for losses arising from earthquake, war, or

- terrorism. In addition, and in reassuring Plaintiffs that their insurance products were selected with Defendants' expertise and were sufficient and available to provide for the potential losses due to the coronavirus pandemic, on or about March 2020, and in light of the commencement of the novel coronavirus pandemic, Defendants Western Elite, United Valley, and Does 76 through 100, by and through Western Elite sales executive Dawn Adams, represented to Plaintiffs that they would be covered and compensated for any and all lost income and business interruption losses caused by or in any way related to the novel coronavirus from March 2020 through February 2021. Plaintiffs relied on those representations and expertise in both selecting and maintaining their
 - 81. Defendants Western Elite, United Valley, and Does 76 through 100, inclusive, owed Plaintiffs a duty of care to see that Plaintiffs' interests were fully protected by the coverage they sought and obtained for Plaintiffs.

insurance products through Defendants.

- 82. Defendants Western Elite, United Valley, and Does 76 through 100 also owed duties to Plaintiffs to obtain the coverage requested by Plaintiffs; to obtain appropriate coverage suited to the specific needs of Plaintiffs; to accurately represent and report the coverage obtained; and to properly assist and report in the claim for benefits to the insurer.
- 83. Defendants Western Elite, United Valley, and Does 76 through 100, inclusive, breached that duty, by failing to properly and accurately ensure the amount of coverage obtained for Plaintiffs; by failing to obtain the appropriate coverage as requested by Plaintiffs; by failing to accurately represent and report the coverage obtained; and by failing to properly warn Plaintiffs of potential coverage limitations, gaps, or exclusions.
- 84. At all relevant times, Defendants Western Elite, United Valley, and Does 76 through 100, inclusive, knew that Plaintiffs were relying upon their experience, skill, accuracy, good faith, and expertise as insurance specialists for business interruption insurance such as that obtained for Plaintiffs.

1	85. Defendants Western Elite, United Valley, and Does 76 through 100,
2	inclusive, failed to exercise the skill and care that a reasonably careful insurance agent
3	or broker would have used in similar circumstances.
4	86. Plaintiffs are informed and believe and thereupon allege that Defendants
5	Western Elite, United Valley, and Does 76 through 100, inclusive, were negligent in
6	other acts or omissions of which Plaintiffs are presently unaware.
7	87. As a proximate result of the negligence of Defendants Western Elite,
8	United Valley, and Does 76 through 100, inclusive, Plaintiffs have suffered, and will
9	continue to suffer, general and special damages to be determined at trial. These include
10	the limits available under the Business Income and Civil Authority provisions of the
11	Policy, the fees to procure counsel to litigate this dispute, and other damages as
12	awardable by the Court.
13	88. Plaintiffs are informed and believe and thereupon allege that Defendants
14	Does 76 through 86 controlled Defendant Western Elite and owned all of Defendant
15	Western Elite's corporate stock at all relevant times, such that Defendants Does 76
16	through 86 may be held liable for Defendant Western Elite's negligence and Plaintiffs'
17	general and special damages suffered therefrom.
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19	PRAYER FOR RELIEF
20	WHEREFORE, Plaintiffs pray for judgment against Defendants, and each of
21	them, as follows:
22	AS TO THE FIRST CAUSE OF ACTION AGAINST DEFENDANTS
23	FIREMAN'S FUND INSURANCE COMPANY AND DOES 1 THROUGH 75,
24	INCLUSIVE, FOR BREACH OF THE DUTY OF GOOD FAITH AND FAIR
25	<u>DEALING</u> :
26	1. Damages for failure to provide the full benefits, both past and future,
27	under the Policy, plus interest, in a sum to be determined at the time of
28	trial;

1	2.	For prejudgment interest on all damages awarded to Plaintiffs in
2		accordance with California Civil Code section 3287;
3	3.	For attorneys' fees, witness fees, and costs of litigation incurred by
4		Plaintiffs to obtain the Policy benefits in an amount to be determined at
5		trial;
6	4.	For economic and consequential damages arising out of these Defendants'
7		unreasonable failure to provide benefits under the Policy;
8	5.	For punitive and exemplary damages in an amount appropriate to punish
9		or set an example of these Defendants pursuant to Cal. Civ. Code § 3345;
10	6.	For emotional distress and other general damages to be determined at
11		trial;
12	7.	For costs of suit incurred herein; and
13	8.	For such other and further relief as the Court deems just and proper.
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15	AS TO	O THE SECOND CAUSE OF ACTION AGAINST DEFENDANTS
16	FIREMAN'S	FUND INSURANCE COMPANY AND DOES 1 THROUGH 75,
17	INCLUSIVE	E, FOR BREACH OF CONTRACT:
18	1.	Damages under the Policy, including past and future policy benefits due,
19		plus interest, and other economic and consequential damages, in an
20		amount to be determined according to proof at the time of trial;
21	2.	For prejudgment interest on all damages awarded to Plaintiffs in
22		accordance with California Civil Code section 3287;
23	3.	For costs of suit incurred herein; and
24	4.	For such other and further relief as the Court deems just and proper.
25		
26	AS TO	O THE THIRD CAUSE OF ACTION AGAINST DEFENDANTS
27	FIREMAN'S	FUND INSURANCE COMPANY AND DOES 1 THROUGH 75,
28	INCLUSIVE	, FOR DECLARATORY RELIEF:

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- (a) the state, national, and local governmental orders shuttering nonessential businesses, cancelling non-emergency procedures and services, the global pandemic, and the general public fear and panic surrounding the COVID-19 pandemic rendered Plaintiffs' covered premises to become temporarily or permanently unusable or uninhabitable;
- (b) these orders, directives, and community fear and the pandemic specifically constitute a "direct physical loss of" covered property under the Policy;
- these orders, directives, pandemic and community fear triggers coverage (c) because these issues are the efficient proximate cause of Plaintiffs' loss;
- (d) no Policy coverage exclusions or limitations apply to exclude or limit coverage;
- Plaintiffs have suffered an actual and covered loss in an amount to be (e) determined at trial;
- (f) some or all of the period of Plaintiffs' covered loss is within the period of restoration under the Policy; and
- the Policy provides coverage to Plaintiffs for any future governmental or (g) entity orders and directives and community fear surrounding the COVID-19 pandemic which results in the shuttering of nonessential businesses and cancelling of non-emergency procedures and treatments and thereby causing a physical loss of the covered premises.

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AS TO THE FOURTH CAUSE OF ACTION AGAINST DEFENDANTS BIZLINKS INSURANCE SERVICES, INC. DBA WESTERN ELITE INSURANCE SOLUTIONS, UNITED VALLEY INSURANCE AGENCY, INC., AND DOES 76 THROUGH 100, INCLUSIVE, FOR NEGLIGENCE:

1	1.	For economic and consequential damages arising out of these Defendants'
2		negligence;
3	2.	For costs of suit incurred herein;
4	3.	For prejudgment interest on all damages awarded to Plaintiffs in
5		accordance with California Civil Code §3287 and/or §3288; and
6	4.	For such other and further relief as the Court deems just and proper.
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11		By: GREGORY L. BENTLEY
12		MATTHEW W. CLARK
13		FARNAZ SALESSI
14		Attorneys for Plaintiffs
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1	DEMAND FOR JURY TRIAL			
2	Plaintiffs hereby demand a trial by jury.			
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4	Dated: March 11, 2021	BENTLEY & MORE LLP		
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6		- Jup		
7		By: GREGORY L. BENTLEY		
8		MATTHEW W. CLARK		
9		FARNAZ SALESSI		
10		Attorneys for Plaintiffs		
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