



✉ dbk@manningllp.com

☎ (213) 624-6900 Ext. 2614

☎ (213) 624-6999

Dennis B. Kass is a founding partner at Manning & Kass. He has received a number of honors for his trial skills, including:

- Member of American Board of Trial Advocates (ABOTA)
- 1999 IASIU Southern California Chapter Defense Attorney of the Year;
- 2001 California Lawyer Attorney of the Year for Civil Litigation (CLAY Award);
- 2002 Loyola Trial Lawyer of the Year; and
- 2004–2009 and 2013–2019 Super Lawyer.

Mr. Kass has received other honors, in particular:

- The Governor’s Award for Service to the Community from Loyola Law School (2014); and
- Martindale-Hubbell Highest Possible Peer Review Rating in Legal Ability and Ethical Standards, since 2003.

He has advised many organizations in a key capacity, including:

- As current co-counsel for the IASIU national organization;
- As counsel to IASIU, Southern California Chapter, from 2011 to present; and
- As member of the CLM Fraud Committee.

Mr. Kass leads the firm’s Complex Litigation Team, which focuses on affirmative litigation cases involving insurance fraud, first and third party special investigation defense, high exposure and catastrophic personal injury matters, mass torts, transportation litigation and class action defense.

Mr. Kass is highly prominent and well-regarded in the area of insurance fraud litigation. His press credits include *The New York Times*, *Los Angeles Times*, *Daily Journal*, and scores of other periodicals. Additionally, he frequently appears on television and radio for his role as lead counsel in numerous “whistleblower” or “qui tam” actions, where insurance companies have sued professionals, including attorneys and doctors, for their role in large fraud rings. Mr. Kass prevailed in the first jury trial under Insurance Code §1871.7, the “whistleblower law,” obtaining an \$8.2 million jury verdict against the defendant doctors. Mr. Kass was also lead counsel on the first state “whistleblower” action, which was based upon civil claims, and has prevailed at trial on other affirmative cases against those submitting false insurance claims.

Mr. Kass has been called upon by various insurance companies to assist in the prosecution of complex and sophisticated fraud rings. He regularly lectures across the country and trains professionals in a variety of subject areas involving insurance fraud defense, affirmative litigation issues, and insurance coverage issues.

Mr. Kass has been called as an expert witness on behalf of the insurance industry, and has testified before the Judiciary and Insurance Committees in the California State Assembly, as well as before the State Senate Insurance Committee, on an insurance code statute that he assisted in drafting. Mr. Kass has been called upon to testify before the State Senate Insurance Committee on other insurance issues. He has also helped draft proposed anti-fraud legislation in other States, outside of California.

Mr. Kass is extensively experienced in the area of transportation litigation. He represents many trucking and other transportation clients, and serves as monitoring counsel for high exposure matters. His team also specializes in the handling of class action defense and defending unfair business practice claims (Business and Professions Code §17200).

Mr. Kass has served as both an arbitrator and as a mediator since 1993. He graduated from UCLA in 1984 with a joint degree in political science and psychology. He received his JD from Loyola Law School in 1988. He has served as a mentor for law students for many years.

#### **Selected Appellate Decisions**

*People ex rel GEICO v. Cruz*, (2016) 244 Cal. App. 4th 1184. The first case to make clear that California's anti-fraud statute, Insurance Code section 1871.7, does not require damages or detrimental reliance to assert a cause of action.

*People ex rel. Fire Ins. Exchange v. Anapol*, (2012) 211 Cal. App. 4th 809. Attorneys who were sued for insurance fraud and capping, unsuccessfully filed an anti-SLAPP motion. Appellate Court upheld trial court's denial of SLAPP motion, allowing civil prosecution to continue.

*People ex rel. Allstate Insurance Co. v. Muhyeldin*, (2003) 112 Cal. App. 4th 604. Appellate Court upheld \$8.2m jury verdict, finding that the burden of proof under Ins. Code 1871.7 is by a preponderance of the evidence; that an insurer has standing to sue under 1871.7; and that upcoding CPT codes is actionable under 1871.7.

*People ex rel. Allstate Ins. Co. v. Weitzman*, (2003) 107 Cal. App. 4th 534; 132 Cal. Rptr. 2d 165. Appellate Court overturned the dismissal of a \$105m lawsuit against an alleged fraud ring, for the first time interpreting the public disclosure and original source defenses.

*Shekhter v. Financial Indemnity Co.*, (2001) 89 Cal. App. 4th 141; 106 Cal. Rptr. 2d 843. A defendant in an action under Ins. Code 1871.7 attempted to sue the attorneys civilly prosecuting the case. The appellate court overturned the denial of an anti-SLAPP motion, dismissing the case and holding that a single cause of action may be the subject of an anti-SLAPP motion.

*Simmons v. Allstate Ins. Co.*, (2001) 92 Cal. App. 4th 1068.; 112 Cal. Rptr. 2d 397. Defendant in Unfair Business Practices lawsuit attempted to sue the opposing attorneys for defamation. The Appellate Court upheld the dismissal per the anti-SLAPP motion filed by the carrier, denying leave to amend where some verbiage fell within the anti-SLAPP statute and other language did not.

*People ex rel. 20th Century Ins. Co. v. Building Permit Consultants, Inc.*, (2000) 86 Cal. App. 4th 280; 103 Cal. Rptr. 2d 71; Defendants unsuccessfully pursued and anti-SLAPP motion in response to an action under Ins. Code 1871.7 arising from alleged fraud stemming from the Northridge earthquake. Defendants unsuccessfully argued that the submission of insurance claims was protected activity.

#### **Selected Trials**

***People ex rel Allstate v Hisham Muhyeldin, et al.*** The first trial under Insurance Code section 1871.7 by an insurer against two medical doctors, one chiropractor and their entities for alleged insurance fraud involving upcoming and billing for services not rendered. **Result: \$8,200,000.**

***People ex rel Farmers v. Hollywood Auto Body et al.*** Insurance Code section 1871.7 action against a body shop and its owners for the alleged submission of false insurance claims for billing for services not rendered and substituting automobile parts. **Result: \$250,000.**

***Celestino v. Chen.*** Automobile accident involving serious bodily injuries. Plaintiff waived all economic damages and tried to incorporate "reptile theory" arguments, demanding \$10,000,000. **Result: Defense verdict.**

***Martinez v. Nathans.*** Automobile v. pedestrian accident, with very severe claimed injuries. **Result: Defense verdict.**

#### **Selected Published Articles**

Combating Premium Fraud: *Is a Qui Tam Action Possible?*

Suing for Money When You Haven't Been Damaged?

New Case Settles Dispute Over California's Insurance Fraud Law

Depositions with an Ulterior Motive

Offensive Weapons in the War Against Insurance Fraud

Blowing the Whistle on Insurance Fraud

To Scan or Not to Scan: The Move to Paperless Claims Files

Revealing Policy Limits Pre-Litigation

Best Claims Practices for Settling Wrongful Death Actions Pre-litigation—Where Did Those Heirs Come From?

How Do We Settle a Wrongful Death Case Post Moody?

Creative Ways to Combat Insurance Fraud—Going on the Offensive

Negotiating Outrageous Hospital Liens—What do we Really Owe?

Putting Civility Back Into Civil Litigation

Securing Settlement Payments: How Far Can you Go?

A PRIMER ON CAPPING - Beyond Doctors And Attorneys?

Being Civil. . . . Suing Workers'-Comp Premium Schemers Earns Payback.  
(Published in *Coalition Against Insurance Fraud Journal*.)

## Practice Areas

- Catastrophic Liability Defense
- Class Action and Mass Torts Defense
- Special Investigations Unit / Insurance Fraud Litigation
- Trucking and Transportation