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Robert M. Forni, Jr. is a partner in the firm's Redwood City office. He specializes in the representation of insurance carriers in bad faith and coverage litigation, including appeals. He has also provided services as insurer-selected counsel for insureds, and independent representation of insureds as Cumis counsel. His litigation and appellate practice includes representing employee welfare plans, claims administrators and insurers in ERISA litigation, as well as insurers, insurance agents and brokers in contract and tort disputes involving fraud and breach of fiduciary duty claims, general commercial litigation, unfair business practice cases, and NASD arbitrations. He has a special interest in assisting insurers and employee welfare plans in the handling of claims and cases in which insurance fraud is suspected. He is experienced in representing insurers in the litigation of declaratory relief and bad faith actions in both state and federal courts, as well as preparing comprehensive coverage opinions and providing coverage advice throughout the claims process. His expertise extends to personal and commercial lines of insurance, including disability, liability, property, homeowners and automobile insurance.

Mr. Forni is the author of articles of interest to insurers on issues that arise in ERISA and insurance bad faith litigation, including, "Healthy San Francisco's Tradeoffs: Will the Costs of Implementing the City's Health Care Ordinance Ultimately Fall on Workers?," "Policy Interpretation in the Disability Insurance Claim," "Reviving Stale Insurance Claims When the Contractual and Statutory Limitations Periods Have Run: If You Snooze, Do You Always Lose?," "Discoverability of Insureds' Tax Returns in Disability Actions Venued in California: A Three-Step Analysis to Compel Their Disclosure," and "Off the Clock and on the Hook: A Primer on Employer Liability for the Acts of Employees Committed Away from Work."

Mr. Forni obtained his J.D. from the Santa Clara University School of Law and his Bachelor of Arts degree from the University of Pennsylvania, from which he graduated cum laude with honors in history. He is admitted to practice before all state and federal courts in California, including the Ninth Circuit Court of Appeals. He is a member of the Defense Research Institute, as well as the Los Angeles and San Francisco Bar Associations. Mr. Forni is a member of the Board of Directors for the Golden Gate Business Association and is a Delegate to the San Francisco Small Business Network (SBN), which represents more than 19,000 small businesses in San Francisco.

## Practice Areas

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- Appellate
- ERISA
- Insurance Services
- Bad Faith

## Education

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- University of Pennsylvania, 1992 B.A.  
cum laude
- Santa Clara University School of Law, 1995 J.D.

## Court Admissions

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- California
- US Court of Appeals for the Ninth Circuit
- USDC: Central District of California
- USDC: Eastern District of California
- USDC: Northern District of California
- USDC: Southern District of California

## Memberships & Associations

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- Bar Association of San Francisco
- Golden Gate Business Association, Board of Directors
- San Francisco Small Business Network (SBN)
- State Bar of California

## Representative Experience

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**Practice Area:** Appellate, Bad Faith, ERISA, Insurance Services

**Key Issues:** ERISA; Insurance; Bad Faith; Breach of Contract; Employee Welfare Plan; Disability; Employee Benefits; Claim Determination

**Venue:** USDC: Central District of California

**Client Type:** Employee Welfare Benefit Plan, Insurance Company

This ERISA action arose from the termination of long term disability benefits. The employee welfare benefit plan was insured under a group disability policy issued by an insurance carrier. A separate insurance carrier later acquired the policy, and thereafter assumed responsibility for administering claims under the plan. Following a bench trial, the trial court entered judgment for the plan, concluding that the acquiring insurance carrier did not abuse its discretion under the plan in terminating the plaintiff's benefits even though they had a "structural conflict" in that it both funded and decided claims under the plan.

**Result:**

The trial court entered judgment for the defendants.

**Practice Area:** Appellate, Bad Faith, ERISA, Insurance Services

**Key Issues:** ERISA; Insurance; Bad Faith; Breach of Contract; Employee Welfare Plan; Disability; Employee Benefits; Claim Determination

**Venue:** US Court of Appeals for the Ninth Circuit Court; USDC: Northern District of California

**Client Type:** Defendants Employee Welfare Benefit Plan; Insurance Carrier

This ERISA action arose from the termination of long term disability benefits. The employee welfare benefit plan was insured under a group disability policy issued by an insurance carrier. Following a bench trial, the trial court remanded the case to the claim administrator for further investigation. On remand, the claim demand was again upheld and the plaintiff filed suit again.

**Result:**

The trial court entered judgment for the defendants concluding that the insurer did not abuse its discretion under the plan in terminating the plaintiff's benefits even though they had a "structural conflict" in that it both funded and decided claims under the plan. The ninth circuit affirmed on appeal.

## Publications

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- Author, Health San Francisco's Tradeoffs, *The Recorder*, 1/19/08
- Author, Reviving Stale Insurance Claims When the Contractual and, 08/30/08
- Author, Discoverability of Insureds' Tax Returns, 8/30/08
- Author, Off the Clock and on the Hook: A Primer on Employer Liability for the Acts of Employees Committed Away from Work, 8/30/08

## News

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- The Voice of the Defense Bar , *DRI*, December 2, 2009
- Ropers Majeski Kohn & Bentley Elevates Four Associates to Partner in California and New York, 7/28/2009