I. Regulatory Limits on Claims Handling

A. Timing for Responses and Determinations

The New Mexico Insurance Code, Unfair Claims Practices, N.M.S.A. 1978, § 59A-16-20 sets forth general rules regarding the time limits for adjusting claims. The only definite period specified is ninety (90) days from reporting, for settlement of catastrophic claims. N.M.S.A. 1978, § 59A-16-20(F). All other time requirements are more general. The Act requires insurers to act "reasonably promptly," in acknowledging claims. § 59A-16-20(B). The Act requires "prompt," investigation of the claim. § 59A-16-20(C). The Act also requires affirming or denying coverage within a "reasonable time." § 59A-16-20(D). Finally, the Act requires prompt settlement of a claim where liability is apparent, so not to influence settlement of other policy coverage and a prompt explanation of the basis for a denial of the claim or settlement offer. § 59A-16-20(M)(N).

B. Standards for Determinations and Settlements

The New Mexico Insurance Code, Unfair Claims Practices, N.M.S.A. 1978, § 59A-16-20 sets forth the requirements for claims handling and settlement. Insurers are not permitted to misrepresent coverage § 59A-16-20(A). Insurers are required to act in good faith to effectuate prompt, fair, and equitable settlements after liability is "reasonably clear." § 59A-16-20(E). Insurers are precluded from attempting to settle for less than an insured would believe he is entitled to by reference to written advertising material. § 59A-16-20(H). Insurers are prohibited from compelling insureds to litigate to recover amounts due under the policy by offering substantially less than the amounts ultimately recovered when the insured has made a claim for similar amounts to those ultimately recovered. § 59A-16-20(G). The Act also precludes insurers from a regular practice of appealing arbitration awards, multiple claim forms, delayed reservation of rights. § 59A-16-20(K)(L)(N) respectively.

C. Privacy Protections (In addition to Federal Gramm-Leach-Bliley Act)

New Mexico has several relevant laws in addition to the Federal privacy laws generally applicable to insurers. N.M.S.A. 1978, § 59A-2-9.3 authorizes
the Superintendent of Insurance to promulgate rules establishing the confidentiality of certain consumer information. Acting upon the enabling legislation, the New Mexico Department of Insurance has promulgated Rules 13.1.3.2 through 13.1.3.28 N.M.A.C. Other relevant statutes include: the Domestic Abuse Insurance Practices Act, N.M.S.A. 1978 § 59A-16B-6, which requires abuse claim information be kept private; and the Genetic Information Privacy Act, N.M.S.A. 1978 § 24-21-3, which prohibits persons from obtaining genetic information or samples for genetic analysis from a person without first obtaining informed and written consent from the person or the person's authorized representative. Furthermore, New Mexico has a confidentiality of health records statute which prohibits the disclosure of health information. N.M.S.A. 1978 § 14-6-1(A).

II. Principles of Contract Interpretation


Insurance contracts are construed as a whole, including declarations, endorsements, and any other attachments. Jaramillo v. Providence Washington Ins. Co., 1994-NMSC-015, 117 N.M. 337, 871 P.2d 1343. The traditional rules of punctuation, syntax, and grammar may also help clarify a contractual ambiguity. Id. If any provisions appear questionable or ambiguous, New Mexico courts look to whether their meaning and intent is explained by other parts of the policy. Id. The resolution of ambiguities becomes a matter for the court and is often described as a matter of law rather than a factual determination. Id. If ambiguities cannot be resolved by examining the language of the insurance policy, courts may look to extrinsic evidence such
as the premiums paid for insurance coverage, the circumstances surrounding the agreement, the conduct of the parties, and oral expressions of the parties' intentions. Id. See also Mark V, Inc. v. Mellekas, 1993-NMSC-001, 114 N.M. 778, 845 P.2d 1232 (1993).

III. Choice of Law

New Mexico interprets insurance contracts according to the law of the place where the contract was executed, which is referred to as lex loci contractus. State Farm Mut. Auto. Ins. Co. v. Ballard, 2002-NMSC-030, ¶ 7, 132 N.M. 696, 698, 54 P.3d 537, 539. See also Shope v. State Farm Ins. Co., 1996-NMSC-052, 122 N.M. 398, 925 P.2d 515. To overcome lex loci contractus, there must be a countervailing interest that is fundamental and separate from general policies of contract interpretation. Id. Application of the rule must result in a violation of “fundamental principles of justice” in order to apply New Mexico law rather than the law of the jurisdiction where the contract was signed. Id.

IV. Duties Imposed by State Law

A. Duty to Defend

1. Standard for Determining Duty to Defend

The New Mexico Jury Instruction for Bad Faith Failure to Defend, UJI 13-1703 NMRA, reads:

A liability insurance company has a duty to defend its insured against all claims which fall within the coverage of the insurance policy. A liability insurance company must act reasonably under the circumstances to conduct a timely investigation and fair evaluation of its duty to defend.

An insurance company acts in bad faith in refusing to defend a claim if the terms of the insurance policy do not provide a reasonable basis for the refusal.

An insurance company must defend when the complaint filed by the claimant alleges facts potentially within coverage. See State Farm Fire & Cas. Co. v. Price, 1984-NMCA-036, ¶ 18, 101 N.M. 438, 684 F.2d 524, overruled on other grounds by Ellington v. N.N. Inv’rs Life Ins. Co., 1991-NMSC-0006, 111 N.M. 301, 805 P.2d 70. Whether the alleged facts potentially bring a claim potentially within coverage is a low standard. If there is any chance the allegations in the complaint could state a covered claim, the insurer must defend. Any doubt about whether the allegations fall within coverage will be resolved in the insured’s favor. Price, 1984-NMCA-036, ¶ 18. Even a “good faith” belief by the insurer that the claim is not within coverage is not a defense to the breach of the duty to defend. Lujan v. Gonzles, 1972-NMCA-098, ¶ 22, 84 N.M. 229, 501 P.2d 673. This low threshold for triggering the duty to defend in New Mexico was recently affirmed in Dove v. State Farm Fire and Casualty Co., -- P.3d --; 2017 WL 1210174 (decided by the New Mexico Court of Appeals on March 28, 2017).
In G & G Services, Inc. v. Agora Syndicate, Inc., the New Mexico Court of Appeals held that in determining whether an insurance company has a duty to defend, the insurer is required to conduct such investigation into the facts and circumstances underlying the Complaint against its insured as is reasonable given the factual information provided by the insured or the circumstances surrounding the claim. 2000-NMCA-003, ¶ 23, 128 N.M. 434, 440, 993 P.2d 751, 757. In Southwest Steel Coil, Inc. v. Redwood Fire & Cas. Ins. Co., the Court of Appeals further noted that the facts known, but unpleaded, may bring a claim within the policy coverage at a later stage in the litigation. 2006-NMCA-151, ¶ 14, 140 N.M. 720, 726, 148 P.3d 806, 812. However, even if the insurer’s own investigation reveals that a claim is not covered, a complaint that states facts within a policy's coverage gives rise to an insurer’s duty to defend. Found. Reserve Ins. Co., Inc. v. Mullenix, 1982-NMSC-038, ¶ 6, 97 N.M. 618, 619-20, 642 P.2d 604, 605-06. These cases changed New Mexico’s previous rule that an insurance company can rely upon the four corners of the Complaint to determine whether there is a duty to defend. New Mexico courts now place an affirmative duty on the insurance company to conduct an investigation to determine whether there is a duty to defend. Only after an insurance company has established through an adequate investigation and review of the underlying complaint, that no cause of action is covered, may an insurance company refuse to defend. See Servants of the Paraclete v. Great American Insurance Co., 857 F. Supp. 822 (10th Cir.1994).

State Farm & Casualty Co. v. Ruiz, established that when an insurance company wrongfully fails to defend after a demand, it suffers serious consequences and becomes liable for a judgment entered against the insured and for any reasonable settlement entered into by the insured in good faith, up to policy limits, notwithstanding any of the policy provisions to the contrary. In short, all coverage defenses are lost if the court determines the insurance carrier has wrongfully refused to defend. 36 F. Supp. 2d 1308, 1318 (D.N.M. 1999).

The court has also addressed the issue as to what triggers an insurer’s duty to defend the insured. In Garcia v. Underwriters at Lloyd’s London, the Court held that actual notice triggers a duty for the insurer to defend, unless the insured affirmatively denies a defense. 2008-NMSC-018, ¶ 18, 143 N.M. 732, 737, 182 P.3d 113, 118. In addition, the insurer has an obligation to defend if there is a dispute in the law. Servants of the Paraclete Inc. v. Great American Insurance Company 857 F. Supp. 822 (D.N.M. 1994). The issue in that case involved whether various insurance companies had defense and indemnity obligations to the Church and priests accused of sexual abuse. Id. Some of the carriers argued that their policies provided no defense or coverage because the sexual abuse did not occur within their respective policy periods. Id. Rather than deciding which trigger of coverage theory New Mexico would apply, the Court decided that, because there was a dispute in the law, the insurers had obligations to defend. Id.

2. Issues with Reserving Rights

A reservation of rights must be made in a timely manner. Failure to timely reserve rights may lead to a waiver of coverage defenses. Am. Gen. Fire & Cas. Co. v. Progressive Cas. Co., 1990-NMSC-094, ¶ 16, 110 N.M. 741, 745, 799 P.2d 1113, 1117. A complete failure to reserve rights constitutes a waiver of coverage defenses against the insured. Id. Intervention in the underlying action by way of declaratory judgment is generally the preferred method for litigating coverage issues; however, the right to intervene is

V. Extracontractual Claims against Insurers: Elements and Remedies

A. Bad Faith

1. First Party Claims

Insureds have private causes of action for bad faith at common law and by statute. The Unfair Claims Practices Act, N.M.S.A. 1978 § 59A-16-20, provides first party claimants a private cause of action for violation of any of its provisions. Insureds also may have claims pursuant to New Mexico's Unfair Trade Practices Act N.M.S.A. 1978 § 57-12-10. See, Valley Imp. Ass'n. v. U.S. Fidelity & Guar. Corp., 129 F.3d 1108 (1997).

Uniform Jury Instruction 13-1702 provides:

An insurance company acts in bad faith when it refuses to pay a claim of the policyholder for reasons which are frivolous or unfounded. An insurance company does not act in bad faith by denying a claim for reasons which are reasonable under the terms of the policy.

Therefore, New Mexico further recognizes common law Bad Faith claims where the denial of an insured's first-party claim is "frivolous or unfounded." Chavez v. Chenoweth, 1976-NMCA-076, ¶ 31, 89 N.M. 423, 429, 553 P.2d 703, 709. The insurer's action in denying coverage must rest upon a reasonable basis. Where payment of policy proceeds depends on an issue of law or fact that is "fairly debatable" the insurer is entitled to debate that issue. United Nuclear Corp. v. Allendale Mut. Ins. Co., 1985-NMSC-090, ¶ 54, 103 N.M. 480, 492, 709 P.2d 649, 661. "Unfounded" does not mean erroneous or incorrect. Rather, it means essentially "reckless disregard" where the insurer utterly fails to exercise care for the insured’s interests in the denial of a claim, lacking any arguable support. See American Nat. Property and Cas. Co. v. Cleveland, 2103-NMCA-013, ¶ 12, 293 P.3d 954.

state, and therefore the determination whether the bad faith evinced by a particular defendant warrants punitive damages is ordinarily a question for the jury to resolve. Id. Accordingly, an instruction on punitive damages will ordinarily be given whenever the plaintiff's insurance-bad-faith claim is allowed to proceed to the jury. Id. The Court did decide, however, to afford the trial court the discretion to withhold a punitive-damages instruction in those rare instances in which the plaintiff has failed to advance any evidence tending to support an award of punitive damages. Id.

2. Third Party Claims - Limited to Mandatory Liability Coverage

In Hovet v. Allstate Ins. Co., the New Mexico Supreme Court held that third-party claimants under an automobile liability policy may sue the insurer for unfair settlement practices under the Insurance Code. 2004-NMSC-010, ¶21, 135 N.M. 397, 403, 89 P.3d 69, 75. The Court, however, placed certain limitations on the third-party right of action. The most significant limitation is that lawsuits for unfair settlement practices cannot proceed simultaneously with the underlying negligence litigation. Instead, the third-party action may only be brought after the underlying negligence action is resolved in favor of the third party. Id. at ¶ 26. Further, if the third-party settles the underlying negligence case, no cause of action ever accrues against the insurer for unfair settlement practices under the Code. Id. In King v. Allstate, the New Mexico Court of Appeals reaffirmed the ruling in Hovet that the third-party right of action does not accrue unless and until there has been an adjudication of the underlying negligence action in favor of the third party. 2007-NMCA-044, 141 N.M. 612, 159 P.3d 261.

Importantly, however, the Supreme Court limited the types of third party claims that it recognized in Hovet and King, holding that a third party does not have a claim against insurers providing nonmandatory excess liability insurance coverage. Jolley v. Associated Electric & Gas Ins. Services Ltd. (AEGIS), 2010-NMSC-029, 148 N.M. 436, 237 P.3d 738. The United States District Court for the District of New Mexico declined to extend the holding in Hovet to third party suits against a homeowner’s policy. See Williams v. Foremost Ins. Co., 102 F.Supp.3d 1230 (D.N.M. 2015).

B. Fraud

The Trade Practices and Frauds section of New Mexico’s Insurance Code prohibits fraudulent conduct by an insurer. N.M.S.A. 1978, § 59A-16-3. In New Mexico a claim or defense of fraud requires the establishment of the following elements:

1. A representation of fact was made which was not true;

2. Either the falsity of the representation was known to the party making it or the representation was recklessly made;

3. The representation was made with the intent to deceive and to induce the party claiming fraud to rely on the representation;

4. The party claiming fraud did in fact rely on the representation.
UJI 13-1633 NMRA. While this instruction allows a party to recover damages that are proximately caused by fraud, it does not allow for a recovery of damages for emotional distress. William v. Steward, 2005-NMCA-061, 137 N.M. 420, 112 P.3d 281.

C. Intentional or Negligent Infliction of Emotional Distress (IIED and NIED)

In New Mexico to recover for intentional infliction of emotional distress a plaintiff must prove that:

1. The conduct of the defendant was extreme and outrageous under the circumstances; and
2. The defendant acted intentionally or recklessly; and
3. As a result of the conduct of defendant plaintiff experienced severe emotional distress.

Extreme and outrageous conduct is that which goes beyond bounds of common decency and is atrocious and intolerable to the ordinary person. Emotional distress is "severe" if it is of such an intensity and duration that no ordinary person would be expected to tolerate it.

UJI 13-1628. In addition, conduct that occurs in the context of a special relationship between parties is more likely to be extreme and outrageous. Baldonado v. El Paso Natural Gas Co., 2008-NMSC-005, ¶ 26, 143 N.M. 288, 294, 176 P.3d 277, 283.

While New Mexico has considered the claim of negligent infliction of emotional distress, it has never recognized the cause of action except for bystander liability. Akutagawa v. Laflin, Pick & Heer, P.A., 2005-NMCA-132, ¶ 21, 138 N.M. 774, 779, 126 P.3d 1138, 1143. Negligent infliction of emotional distress to a bystander requires three elements: (1) claimant's close family relationship with the victim; (2) suffering severe emotional distress as a result of seeing or perceiving the occurrence; and (3) the occurrence resulted in physical injury or death to the victim. UJI 13-1629.

The Court has also refused to recognize recovery for emotional distress for damages to property or for a plaintiff that suffers severe emotional distress by witnessing the injury of another in the same accident. Castillo v. City of Las Vegas, 2008-NMCA-141, ¶¶ 27, 31, 145 N.M. 205, 213, 195 P.3d 870; 878; Montoya v. Pearson, 2006-NMCA-097, 140 N.M. 243, 142 P.3d 11.

Finally, negligent infliction of emotional distress is not allowed in any cause of action to proceed in the context of contractual or extra-contractual damage claims, unless the "specialized nature" of the contract requires reasonable care to be taken to avoid the infliction of severe emotional distress. Akutagawa, 2005-NMCA-132, ¶ 21, 138 N.M. 774, 779, 126 P.3d 1138, 1143.

D. State Consumer Protection Laws, Rules and Regulations
The New Mexico Legislature has created a consumer relations division. N.M.S.A. 1978 § 8-8-8. That division shall:

1. receive and investigate non-docketed consumer complaints and assist consumers in resolving, in a fair and timely manner, complaints against a person under the authority of the commission, including mediation and other methods of alternative dispute resolution; provided, however, that assistance pursuant to this paragraph does not include legal representation of a private complainant in an adjudicatory proceeding;

2. work with the consumer protection division of the attorney general's office, the governor's constituent services office and other state agencies as needed to ensure fair and timely resolution of complaints;

3. advise the commission on how to maximize public input into commission proceedings, including ways to eliminate language, disability and other barriers;

4. identify, research and advise the commission on consumer issues;

5. assist the commission in the development and implementation of consumer policies and programs; and

6. perform such other duties as prescribed by the commission.

The complaints that the division receives, regarding quality or quantity of services provided by a regulated entity, are recorded in order to determine the concerns of consumers. N.M.S.A. 1978 § 8-8-8(B).

New Mexico has provided additional protection to consumers by adopting the Unfair Practices Act, which prohibits unfair or deceptive trade practices and unconscionable trade practices in the conduct of any trade or commerce. Private remedies include, injunctions, attorney fees and costs and treble damages. See, N.M.S.A. 1978 §§ 57-12-1 to -26.


VI. Discovery Issues in Actions against Insurers

A. Discoverability of Claims Files Generally

In general, New Mexico protects materials prepared in anticipation of litigation or for trial by a party's insurer or insurer's agent from discovery. Rule 1-026(B) N.M.R.A. If, upon a showing of substantial need and undue hardship on the requesting party to obtain the equivalent, the court orders production of the claims file or other insurer materials, the court is
to protect against disclosure of the mental impressions, conclusions, or legal theories of the party concerning the litigation. Claims files will only be protected against discovery in New Mexico where they are genuinely prepared in anticipation of litigation or for trial. New Mexico has held that, even though ultimately they may end up being used in litigation, materials prepared during the course of ordinary investigations or in the ordinary course of business are not subject to protection as materials prepared in anticipation of litigation. Hartman v. Texaco Inc., 1997-NMCA-032, 123 N.M. 220, 937 P.2d 979.

It should be noted that the Federal District Court for the District of New Mexico has held that claims file materials generated after litigation are not protected by the work product doctrine if they are prepared in the ordinary course of business. See Barela v. Safeco Insurance Co., 2014 WL 11497826 (D.N.M. 2014). Thus, there is a rebuttable presumption that the materials are not privileged or protected from discovery before a final decision is made as to the claim. Id.

B. Discoverability of Reserves

New Mexico has yet to address the question of the discoverability of reserves in a reported opinion.

C. Discoverability of Existence of Reinsurance and Communications with Reinsurers

The New Mexico state courts have not examined discovery of reinsurance and reinsurers at this time. However, in one federal case arising out of New Mexico, the Tenth Circuit held that it was not an abuse of discretion for the trial court to deny discovery relating to reinsurance. The district court's decision to deny discovery was based on the burden of litigating collateral issues relating to the reinsurance contracts. Society of Lloyd's v. Reinhart, 402 F.3d 982 (10th Cir. 2005).

D. Attorney-Client Communications

Attorney-Client communications are privileged pursuant to N.M.R.A. 11-503. New Mexico would require the production of attorney client communications when an insurance company is asserting the advice of counsel defense to a bad faith claim. Public Service Company of New Mexico v. Lyons, 2000-NMCA-077, 129 N.M. 487, 10 P.3d 166; Gingrich v. Sandia Corporation, 2007-NMCA-101, 142 N.M. 359, 165 P.3d 1135. Further, the privilege may be waived, and the information is therefore discoverable, if the person or person's predecessor holding the privilege voluntarily disclosed or consented to the disclosure of any significant part of the communication. UJI 11-511.

VII. Defenses in Actions against Insurers

A. Misrepresentation/Omissions: During Underwriting or During Claim

Substantial prejudice must be shown by insurer in cases of misrepresentation, concealment or non-cooperation of insured in order to void a policy. Eldin v. Farmers Alliance Mut. Ins. Co., 1994-NMCA-172, ¶ 18, 119 N.M. 370, 375, 890 P.2d 823, 828. This substantial prejudice rule was also extended to consent-to-settle provisions. State Farm Mut. Auto. Ins. v. Fennema, 2005-NMSC-010,¶ 8, 137 N.M. 275, 277, 110 P.3d 491, 493. However
this rule does not extend to an insured's material breach of a fraud provision. Eldin, 1994-NMCA-172, ¶ 10, 119 N.M. at 372, 890 P.2d at 828.

In the case of Crow v. Capitol Bankers Life Ins. Co., the court held that a material misrepresentation in answering a question regarding the existence of a significant bodily disorder will render the policy void. 1995-NMSC-018, ¶¶ 40-41, 119 N.M. 452, 459, 891 P.2d 1206, 1213. A misrepresentation is material if the insurer would not have entered into the contract but for the misrepresentation. Id.

B. Failure to Comply with Conditions

Even when there has been a substantial and material breach of the insured's obligations and a resulting failure of a condition precedent to the insurer's liability, the breach and nonoccurrence of the condition does not discharge the insurer absent a showing that the insurer has been substantially prejudiced. Roberts Oil Co. v. Transamerica Ins. Co., 1992-NMSC-032, 113 N.M. 745, 833 P.2d 222.

C. Challenging Stipulated Judgments: Consent and/or No-Action Clauses

New Mexico holds that consent or no-action clauses will be enforced to relieve the insurer of a stipulated judgment only where the insurer can demonstrate prejudice from the stipulated settlement. The insurer must demonstrate some interest that has been frustrated by the insured's breach of the clause. Roberts Oil Co. v. Transamerica Ins. Co., 1992-NMSC-032, 113 N.M. 745, 833 P.2d 222.

Under New Mexico law, settlements entered without insurer's knowledge or consent must be reasonable and in good faith, even if insurer breached its duty to defend. In evaluating reasonableness of settlement between insured and injured person, the trier of fact may take into consideration any evidence of bad faith, collusion or fraud. The implied covenant of good faith and fair dealing binds insured, as well as insurer. Continental Casualty Co. v. Westerfield, 961 F.Supp. 1502 (D.N.M. 1997) (internal citations omitted). Collusion in settlement agreement may be found where evidence demonstrates absence of conflicting interests—lack of opposition between plaintiff and insurer that otherwise would assure settlement is the result of hard bargaining. Id. Under New Mexico law, a finding that the settlement and resulting state court judgment entered against insured for legal malpractice was collusive as matter of law did not relieve insurers of any obligations for settlement but precluded settlement and stipulated judgment from being entitled to any res judicata or collateral estoppel effect. Id.

D. Statutes of Limitations

The statute of limitation varies depending upon the type of claim being asserted. For example, if the claim is based upon contract then it is governed by New Mexico's six year statute of limitation. N.M.S.A. 1978, § 37-1-3. This section provides that an action upon a written contract must be filed no later than six years "after their causes accrue." N.M.S.A. 1978, § 37-1-1. In Brooks v. State Farm Ins. Co., the Court found that an auto accident did not trigger the limitations period for a bad faith claim based on uninsured motorist coverage under an insurance policy because the theory for recovery was breach of contract, not a tort theory of recovery; therefore, the date of the breach of the insurance contract is the date from
which limitations begins to run. 2007-NMCA-033, ¶ 11, 141 N.M. 322, 325, 154 P.3d 697, 700.

If the claim is based upon fraud, then N.M.S.A. 1978 § 37-1-4 requires the claim be filed within four years. N.M.S.A. 1978 § 37-1-4 also requires other claims founded upon accounts and unwritten contracts; those brought for injuries to property or for the conversion of personal property and all other actions not otherwise provided be made within four years. In these cases, the cause of action will not accrue until the fraud, mistake, injury or conversion complained of, is discovered by the aggrieved party. N.M.S.A. 1978 § 37-1-7.

The “common thread” in New Mexico cases is that, for the statute of limitations, a cause of action accrues from the injury rather than the wrongful act. Zamora v. Prematic Service Corp., 936 F.2d 1121 (10th Cir. 1991). However, the time that an injury occurs is different under N.M.S.A. 1978 § 37-1-3 and 37-1-4. In Zamora v Prematic Service Corp., the Court held that where the insured knew that the auto liability policy had been cancelled and that the insurer would neither defend nor indemnify against loss or pay for the damages, the claim was governed by the six-year contract statute of limitations under N.M.S.A. 1978 § 37-1-3. 936 F.2d 1121 (10th Cir. 1991).

In Torrez v. State Farm Mut. Auto. Ins. Co., when discussing an insured's claim for wrongful refusal to settle, it applied N.M.S.A. 1978 § 37-1-4. 705 F.2d 1192 (10th Cir. 1982). Although the Court applied the four year statute of limitations, it rejected the insurer’s statute of limitations defense because the cause of action accrued from the time the judgment. Id. The court found that the action accrued at the time of judgment, and not when the accident occurred or when the lawsuit was filed, because liability was not determined until the jury rendered its verdict. Id.

Lastly, contractual provisions that negate or reduce the time when a suit may be filed are likely to be void. See Electric Gin Co. v. Firemen's Fund Ins. Co., 1935-NMSC-001, ¶ 2, 39 N.M. 73, 39 P.2d 1024, 1024 (A provision in the fire policy that no suit could be maintained unless commenced within twelve months after a loss, was held void as against public policy and contrary to New Mexico's six-year limitation).

VIII. Trigger and Allocation Issues for Long Tail Claims

A. Trigger of Coverage

No New Mexico case is determinative of what trigger of coverage theory should apply under any particular fact pattern in New Mexico. The question of what event triggers coverage under an insurance policy or policies has been a matter of substantial debate in various jurisdictions. Some courts have used the first contact trigger of coverage. This theory typically uses the date on which the injury-producing event first occurs.

The second common trigger-of-coverage theory used by some courts is the manifestation trigger. Under this theory, the insurer insuring the property at the time the damage first manifests itself is solely responsible for the indemnification of the insured. This trigger-of-coverage theory appears to mainly have been used in the context of first party property claims.

The "injury-in-fact" trigger compels that coverage is first triggered at that point in time when an actual injury can be shown to have been first
suffered. This trigger is frequently used in property damage third-party liability cases. In Leafland Group-II, Montgomery Towers Ltd. Partnership v. Ins. Co. of North Am., the court found that an insured could not pursue a claim for diminution of property value against their insurer because asbestos were used in the construction of the property and, in effect, had diminished the property value before insured bought and insured the building. 1994-NMSC-088, ¶ 12, 118 N.M. 281, 283, 881 P.2d 26, 28.

One Tenth Circuit decision appears to hold that coverage is triggered when an actual injury can be shown to have been first suffered. Whenever the injury in fact occurs, insurers on the risk after the date of actual injury are bound to provide coverage. Scott's Liquid Gold, Inc. v. Lexington Ins. Co., 293 P.3d 1180 (10th Cir. 2002).

The difficulty in determining when coverage is triggered arises when the court is faced with a continuous, deteriorating type of bodily injury or property damage. In Montrose v. Admiral Ins. Co., the California Supreme Court developed or popularized the continuous trigger-of-coverage theory for use in continuous or progressively deteriorating property damage cases. 913 P.2d 878 (Cal. 1995). Under this trigger-of-coverage theory, bodily injuries and property damage that are continuous or progressively deteriorating throughout successive policy periods are covered by all policies in effect during those periods. Although no New Mexico appellate court has determined what trigger-of-coverage theory is most appropriate for continuous deteriorating property damage, New Mexico is likely to follow the majority of jurisdictions recognizing the Montrose case.

However, if the disability develops gradually or is the result of successive accidents, the insurance carrier covering the risk at the time of the most recent injury causally related to the disability may be liable for the entire amount. Chavira v. Firtle Farms, 2009 WL 6567166 (Ct. App., June 22, 2009).

Finally, in the context of a loss of consortium claim, a provision requiring bodily injury of an insured to trigger coverage is an unenforceable restriction on coverage and is invalid. The court held that the policy requirement that "bodily injury must be sustained by an insured" is contrary to statute, and thus unenforceable, in this context. State Farm Mut. Auto. Ins. Co. v. Luebbers, 2005-NMCA-112, ¶ 12, 138 N.M. 289, 293, 119 P.3d 169, 173.

For construction cases, it should be noted that the New Mexico Court of Appeals has held that faulty workmanship alone is sufficient to establish an occurrence under a CGL policy. Thus, faulty workmanship, unless specifically excluded in the definition of "occurrence," is an accident for which there is coverage. See Pulte Homes of New Mexico, Inc. v. Indiana Lumbermens Ins. Co., 2106-NMCA-028, ¶ 25, 367 P.3d 869.

B. Allocation Among Insurers

New Mexico Courts have not directly determined the issue of apportionment between insurers in all circumstances. However, in CC Hous. Corp. v. Ryder Truck Rental, Inc., the New Mexico Supreme Court determined that where two "other insurance" clauses in insurance policies effectively provide that each is excess, the two clauses negate one another, both carriers are primarily liable, and the loss should be pro-rated in proportion to the respective limits of each policy. 1987-NMSC-117, ¶ 15, 106 N.M. 577,
The Ryder case is consistent with Sharon Steel Corp. v. Aetna Cas. & Sur. Co., 931 P.2d 127 (Utah 1997). Sharon Steel contains one of the better discussions of apportionment in a continuous injury or damage case. In Sharon Steel, the court ultimately determined that the best approach for apportioning defense costs among multiple insurers in continuous injury cases is one that looks not only at the years that each insurer was on the risk, but also takes into account respective policy limits. Again, no New Mexico court has recognized Sharon Steel as authoritative in New Mexico.

New Mexico has also addressed the issue of the apportionment of the costs of defense between insurers. In American General Fire and Cas. Co. v. Progressive Cas. Co., a homeowner’s insurer brought a subrogation claim against the automobile insurer for the costs of defending the homeowner’s claim. 1990-NMSC-094, 110 N.M. 741, 799 P.2d 1113. Because a duty to defend initially arose under the homeowner’s insurance policy, the homeowner’s insurer later notified the automobile insurer that the claim arose under the automobile policy, and the homeowner’s insurer made a demand against the automobile insurer to defend and for the costs of defense. Am. Gen. Fire & Cas. Co. v. Progressive Cas. Co., 1990-NMSC-094, ¶ 20, 110 N.M. 741, 746, 799 P.2d 1113, 1118. The court determined that the automobile insurer had to reimburse the homeowner’s insurer for the costs of the defense after the notification was made. Id. Similarly, in State Farm Mut. Ins. Co. v. Foundation Reserve Ins. Co., the court found that a secondary insurer could receive reimbursement for its defense costs after the primary insurer refused to tender the insured’s defense. 1967-NMSC-197, ¶ 27, 78 N.M. 359, 363, 431 P.2d 737, 741.

In State Farm Mutual. Auto. Ins. Co. v. Safeco Ins. Co., the Supreme Court was presented with the question of whether the primary or secondary underinsured (UIM) insurer, if either, should be given the statutory offset for the tortfeasor’s liability coverage. 2013-NMSC-006, 298 P.3d 452. Under State Farm Mut. Auto. Ins. Co. v. Jones, 2006-NMCA-060, 139 N.M. 558, 135 P.3d 1277, the primary insurer who insured the vehicle involved in the accident, was entitled to an offset of any liability payments. Id. The Court overruled Jones on this issue and held the primary insurer of the vehicle in which the passenger was riding is obligated to exhaust its UIM limits before a secondary insurer must pay UIM benefits, consistent with Tarango v. Farmers Insurance Company of Arizona, 115 N.M. 225, 849 P.2d 368 (1993), and Schmick v. State Farm Mutual Automobile Insurance Company, 103 N.M. 216, 704 P.2d 1092 (1984). Id.

IX. Contribution Actions

A. Claim in Equity vs. Statutory

In 1981, New Mexico adopted a contributory negligence and several liability system, which extinguished contribution among concurrent tortfeasors. The general rule is that each tortfeasor is severally responsible for its own percentage of comparative fault. See NMSA 1978, § 41-3A-1(A) (1987); Bartlett v. N.M. Welding Supply, Inc., 98 N.M. 152, 158, 646 P.2d 579, 585 (Ct. App. 1982), superseded in part on other grounds by § 41-
As a result, “contribution no longer applies to concurrent tortfeasors on the basis of each tortfeasor’s negligence.” Id. However, there are four (4) statutory exceptions where joint and several liability will apply, as more fully explained below. When joint and several liability applies, Defendants will not be precluded from seeking contribution from other tortfeasors.

B. **Elements**

The doctrine of several liability was codified in Section 41-3A-1, entitled “Several liability.” The statute provides in part as follows:

B. In causes of action to which several liability applies, any defendant who establishes that the fault of another is a proximate cause of a plaintiff's injury shall be liable only for that portion of the total dollar amount awarded as damages to the plaintiff that is equal to the ratio of such defendant's fault to the total fault attributed to all persons, including plaintiffs, defendants and persons not party to the action.

C. The doctrine imposing joint and several liability shall apply:

1. to any person or persons who acted with the intention of inflicting injury or damage;
2. to any persons whose relationship to each other would make one person vicariously liable for the acts of the other, but only to that portion of the total liability attributed to those persons;
3. to any persons strictly liable for the manufacture and sale of a defective product, but only to that portion of the total liability attributed to those persons; or
4. to situations not covered by any of the foregoing and having a sound basis in public policy.

D. Where a plaintiff sustains damage as the result of fault of more than one person which can be causally apportioned on the basis that distinct harms were caused to the plaintiff, the fault of each of the persons proximately causing one harm shall not be compared to the fault of persons proximately causing other distinct harms. Each person is severally liable only for the distinct harm which that person proximately caused.

E. No defendant who is severally liable shall be entitled to contribution from any other person, nor shall such defendant be entitled to reduce the dollar damages determined by the factfinder to be owed by the defendant to the plaintiff in accordance with Subsection B of this section by any amount that the plaintiff has recovered from any other person whose fault may have also proximately caused injury to the plaintiff.

F. Nothing in this section shall be construed to affect or impair any right of indemnity or
contribution arising out of any contract of agreement or any right of indemnity otherwise provided by law.

NMSA 1978 § 41-3A-1. The statute specifically provides that a Defendant may seek any “right of indemnity or contribution arising out of any contract of agreement or any right of indemnity otherwise provided by law.” Supra. Thus, when joint and several liability applies, Defendants may seek contribution from other tortfeasors.

X. DUTY TO SETTLE

The New Mexico Jury Instruction for Bad Faith Refusal to Settle, UJI 13-1704 N.M.R.A., reads:

A liability insurance company has a duty to timely investigate and fairly evaluate the claim against its insured, and to accept reasonable settlement offers within policy limits.

An insurance company's failure to conduct a competent investigation of the claim and to honestly and fairly balance its own interests and the interests of the insured in rejecting a settlement offer within policy limits is bad faith. If the company gives equal consideration to its own interests and the interests of the insured and based on honest judgment and adequate information does not settle the claim and proceeds to trial, it has acted in good faith.

1. Uniform Jury Instruction 13-1704

In Dairyland Ins. Co. v. Herman, the Court defined an insurer's duty to settle a claim against an insured. 1998-NMSC-005, ¶ 14, 124 N.M. 624, 629, 954 P.2d 56, 61. The Court clearly established an implied obligation of good faith and fair dealing, which requires an insurer to settle in an appropriate case even though the express terms of the policy do not impose such a duty. Id. The insurer's good faith evaluation of the cost and benefits of settlement is generally accorded deference, although the prospect of liability in excess of insurance policy limits presents an inherent conflict of interest and the deference is lessened under those circumstances. Id. In Dairyland, the court also held that the insurer should place itself in the shoes of the insured and conduct itself as though it alone were liable for the entire amount of the judgment where there is a prospect of liability in excess of the insurance policy limits. Id. Finally, the court held that, where there is a substantial likelihood of recovery in excess of the insurance policy limits, the insurer's unwarranted refusal to settle is a breach of the implied covenant of good faith and fair dealing. Id.

Dairyland did not deal with a situation where there were uncovered claims or where there was questionable coverage under the policy. However, the broad language in Dairyland appears to indicate that even when there is questionable coverage, the insurer has a duty to make some effort to settle the case within policy limits. The duty imposed on an insurer in Dairyland is to “minimize, if not eliminate, its insured’s liability.” Dairyland, ¶ 28.