

2024 Insurance Portfolio

# CALIFORNIA PAL

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**California**  
POLICE ACTIVITIES LEAGUE



**GENERAL LIABILITY  
ACCIDENT MEDICAL  
DIRECTORS & OFFICERS LIABILITY**

**ALSO OFFERING:**

**HIRED & NON-OWNED AUTO LIABILITY INLAND MARINE,  
LIQUOR LIABILITY**

**MWG MESTMAKER WILL GLADLY REVIEW AND COMPARE  
OTHER PAL INSURANCE PLANS. THERE IS NO COST FOR A CONSULTATION  
AND WE WILL DISCUSS OPTIONS AVAILABLE TO YOU.**

Presented by: MWG Mestmaker & Assoc.  
Administered by: Aegis General Insurance Agency  
General Liability Underwritten by: Fortegra Specialty Insurance Company  
Participant Accident Underwritten by: AXIS Insurance Company  
Directors & Officers Liability Underwritten by: Great American Insurance Company

# **California Police Athletics/Activities Leagues**

*Summary of Insurance for 2024*

## **General Liability**

### **Fortegra Specialty Insurance Co.**

- General liability protection program
- \$1,000,000 per occurrence
- \$3,000,000 general aggregate
- \$300,000 damage to rented premises
- \$1,000,000 personal and advertising injury
- \$1,000,000 products/completed ops aggregate
- \$100,000 abuse or molestation per occurrence
- \$300,000 abuse or molestation aggregate
- \$10,000 medical expense

## **Optional Coverages for General Liability**

*Subject to underwriting review.*

Hired & Non-owned auto liability - \$1,000,000

Excess liability - (\$1,000,000 to \$5,000,000)

## **Participant Accident**

### **AXIS Insurance Company**

- Accident Medical and AD&D
- \$50,000 excess accident medical
- \$50 deductible per accident
- 52-week benefit period
- \$10,000 AD&D principal sum
- Higher medical limits available
- Covers all registered participants, coaches and volunteers

## **Directors and Officers Coverage**

### **Great American Insurance Company**

#### **\$5,000,000 aggregate**

*Protection for your Board of Directors. Responds to allegations including but not limited to:*

- Breach of contract
- Wrongful interference with a contract
- Unfair trade practices
- Mismanagement and breach of fiduciary duty
- Self-dealing and conflicts of interest

*The Company will pay the Medically Necessary Covered Expenses:*

1. *After the insured person satisfies the deductible; and*
2. *Only when they are in excess of amounts payable by any other health care plan, whether or not claim has been made for benefits it provides.*

**Accident Medical Benefit inside limits:**

- Outpatient Physiotherapy: 100% of Usual and Customary Charges, up to \$75.00 per visit, 1 visit per day, max of 10 visits
- Dental Services: up to \$1,000

# **California Police Athletics/Activities Leagues**

## *Summary of Insurance for 2024*

### **Class 1 Covered Activities**

While participating in the Subscriber's scheduled, sponsored and supervised activities on the premises designated by the Subscriber, excluding special activities listed in class 2.

### **Class 2 Covered Activities**

While participating in the Subscriber's scheduled, sponsored and supervised activities on the premises designated by the Subscriber, including activities listed in class 1, and including special activities:

- a) Tackle Football
- b) Equestrian/Horseback Riding
- c) Water Exposures including Sailing, Kayaking, Sea Explorers, Water Skiing, Sculling, Canoeing, Rafting
- d) Police Explorers
- e) Paintball
- f) Rock Climbing Walls
- g) Rifle, non-powered
- h) Skeet or Trap Shooting
- i) Skate Boarding Courses or Parks,
- j) BMX or Go-Carts
- k) Off-Road Programs

*Note: Class 2 activities must be submitted for underwriting approval.*

### **Covered Travel, All Classes**

*Group travel coverage: Excludes direct uninterrupted travel to and from home. Includes direct travel as a group to and from covered activities on a bus or Private Passenger Automobile driven by an adult with a valid drivers' license whom the Subscriber has specifically designated to transport Insured Persons to a Covered Activity.*

# California Police Athletic/Activities Leagues, Inc.

## 2024 Insurance Enrollment for PAL Members

### General Information

		<b>Effective Date</b>	
PAL name		Date Month / Day / Year	
Mailing Address	City	State	Zip
PAL director	Signature		
Email address	Phone	Fax	

### Accident Medical and General Liability Coverage

Number of member youth for 2024-2025		<b>Policy period January 1, 2024 through December 31, 2024</b>
<b>Please check the appropriate category that corresponds with your number of youth.</b>		
Group	# of Member Youth	Class 1 Annual Premium
Group A	1-100	\$832.76
Group B	101-200	\$1,402.19
Group C	201-300	\$1,886.11
Group D	301-400	\$2,039.22
Group E	401-500	\$2,870.80
Group F	501-1000	\$5,673.99
Group G	1001-1500	\$8,605.30
<i>For groups with membership in excess of 1,500 please contact your broker for rates. <b>For higher limits or/and Class 2 activities please contact your broker for rates.</b> • Insurance cost includes 10% + \$1 Administrative fee and 3% Excess and Surplus Tax</i>		\$

### Directors & Officers Liability Coverage

<input type="checkbox"/> Yes, I would like D&O Insurance <i>(Please fill out the accompanying application)</i>
Flat Premium: \$550
\$

#### Please make check payable to:

**MWG Mestmaker & Assoc.**  
P.O. Box 2302  
Bakersfield, CA 93303

### Additional Information

*(if you are purchasing D&O Coverage)*

Number of full time employees	Fiscal Data For Fiscal Year Ending
Total gross annual revenue	Total expenditures
Net revenue	Total assets
Total net assets	

### Please include a list of Directors and Officers (First and Last Name)

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**Coverage is effective the day we receive payment and is non-refundable.**

Total premium due in the amount of  
\$

# California Police Athletic/Activities League

## Member Participant Programs

### Programs (please check the appropriate box to indicate programs offered)

Class 1 Programs			
<input type="checkbox"/> Archery	<input type="checkbox"/> Cooking	<input type="checkbox"/> Gymnastics / Tumbling	<input type="checkbox"/> Sewing / Needlecraft
<input type="checkbox"/> Auto Repair / Restoration	<input type="checkbox"/> CrossFit	<input type="checkbox"/> Habitat Restoration	<input type="checkbox"/> Roller / Ice Skating
<input type="checkbox"/> Badminton	<input type="checkbox"/> Dance	<input type="checkbox"/> Haunted House	<input type="checkbox"/> Soccer
<input type="checkbox"/> Ballet	<input type="checkbox"/> Debate	<input type="checkbox"/> Hiking	<input type="checkbox"/> Softball
<input type="checkbox"/> Band & Drum Corps	<input type="checkbox"/> Dodge Ball	<input type="checkbox"/> Hunter Safety	<input type="checkbox"/> Summer Day Camps
<input type="checkbox"/> Baseball	<input type="checkbox"/> Double Dutch	<input type="checkbox"/> Street / Ice / Field Hockey	<input type="checkbox"/> Swimming
<input type="checkbox"/> Basketball	<input type="checkbox"/> Aerobics/Exercise & Fitness Class	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Tennis
<input type="checkbox"/> Bicycle Repair & Safety	<input type="checkbox"/> First Aid Training	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Track & Field
<input type="checkbox"/> Bowling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Youth Mentoring	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Boxing	<input type="checkbox"/> Flag / Touch Football	<input type="checkbox"/> Motocross – Off Road PALS	<input type="checkbox"/> Water Polo
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Gardening & Farming	<input type="checkbox"/> Racquetball	<input type="checkbox"/> Weightlifting
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Golf	<input type="checkbox"/> Rugby	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Cheer / Color Guard / Drill Team	<input type="checkbox"/> Graffiti Removal	<input type="checkbox"/> Running – Spartan/Mud	<input type="checkbox"/> Yoga

### Programs allowed by endorsement only after underwriter review and approval\*

Class 2 and 3 Programs		
<input type="checkbox"/> Tackle Football	<input type="checkbox"/> Paintball	<input type="checkbox"/> Rifle, non-powered
<input type="checkbox"/> Equestrian/Horseback Riding	<input type="checkbox"/> Rifle, powered	<input type="checkbox"/> Skateboarding Courses or Parks
<input type="checkbox"/> Water Exposures including Sailing, Kayaking, Sea Explorers, Water Skiing, Sculling, Canoeing, Rafting	<input type="checkbox"/> Skeet & Trap <i>Firearms training Included?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Police Explorers/Cadets <i>Firearms training Included?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> BMX or Go-Carts	<input type="checkbox"/> Rock Climbing Walls	<input type="checkbox"/> Off-Road Programs
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

\*May Require Additional Premium

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Name of PAL \_\_\_\_\_

# California Police Athletics/Activities Leagues

## Exclusions

### Participant Accident Common Exclusions

1. Intentionally, self-inflicted suicide, or any willful attempt thereof;
2. any loss to which a contributing cause was the Insured Person's commission or attempt to commit a felony or to which a contributing cause was the Insured Person's being engaged in an illegal occupation;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an aircraft, except as a passenger on a regularly scheduled commercial airline;
6. travel in any aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure to viral, bacterial or chemical agents) except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. any loss sustained or contracted in consequence of the Insured Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;
9. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
10. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
11. benefits will not be paid for services or treatment rendered by any person who is:
  - a) employed or retained by the Policyholder;
  - b) living in the Insured Person's household;
  - c) an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
  - d) the Insured Person.

### Accident Medical Benefit Exclusions

1. cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
2. any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
3. examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;
4. treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
5. services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
6. rest cures or custodial care;
7. repair or replacement of existing dentures, partial dentures, braces or bridgework;
8. expenses payable by any automobile insurance policy without regard to fault;
9. treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity;
10. treatment of HIV/AIDS, meaning Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome or AIDS Related Complex (ARC) regardless of the means by which it was acquired;
11. repair or replacement of existing artificial limbs, eyes and larynx;
12. treatment of Hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed;
13. treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Accident, unless the Company has received a written medical release from his Physician; or
14. treatment of an injury resulting from or contributed to by frostbite, fainting or seizures, or heatstroke or heat exhaustion.

### Disclaimers

The Participant Accident coverage is underwritten by AXIS Insurance Company under policy form series number BACC-001-009. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

Payment of claims under any policy issued shall only be made in full compliance with all economic or trade and sanction laws or regulations, including but not limited to, laws and regulations administered and enforced by the US Treasury Department's Office of Foreign Assets Control.

***This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. Complete details may be found in the policies. Please keep this information as a reference.***

***Please send premium and enrollment packet to:***

**MWG Mestmaker & Assoc.**

P.O. Box 2302, Bakersfield, CA 93303 • Phone: (661) 325-5999 • Fax: (661) 325-6090 • Email: PAL@mestmaker.com

*If you have questions regarding insurance benefits, quotes, or procedures please contact us.*