

2026 Insurance Portfolio

CALIFORNIA PAL

California
POLICE ACTIVITIES LEAGUE



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

**ALSO OFFERING:
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 2026

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.

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

**\$1,000,000 per Participating Member
subject to a \$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

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 2026

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.

2026 Insurance Enrollment for PAL Members

General Information

		Effective Date	
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 2026-2027	Policy period January 1, 2026 through December 31, 2026	
Please check the appropriate category that corresponds with your number of youth.		
Group	# of Member Youth	Class 1 Annual Premium
Group A	1-100	\$933.81
Group B	101-200	\$1,571.77
Group C	201-300	\$2,117.17
Group D	301-400	\$2,285.83
Group E	401-500	\$3,218.21
Group F	501-1000	\$6,360.34
Group G	1001-1500	\$9,646.13
<i>For groups with membership in excess of 1,500 please contact your broker for rates. For higher limits or/and Class 2 activities please contact your broker for rates. • 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 below and complete the Warranty Statement on the following page)</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

Warranty Statement (if D&O Insurance is requested)

1. Does the Organization or any proposed Insured have knowledge of any Federal, State or local legal proceedings, investigations or claims against the Organization and/or any proposed Insured during the past three years? If "Yes", please attach details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is understood and agreed that any claim arising therefrom shall be excluded under the proposed coverage.	
2. Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or any proposed Insured which he or she has reason to believe might result in a future Claim? If "Yes", please attach details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is understood and agreed that if knowledge of any such fact, circumstance or situation exists, any claim subsequently arising therefrom shall be excluded under the proposed coverage.	
3 Are the total assets of this Organization greater than \$1,000,000? (If over \$1,000,000 in assets this will be considered on an individual basis and is not eligible for the program)	<input type="checkbox"/> Yes <input type="checkbox"/> No

California Police Athletic/Activities League

Member Participant Programs

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

<i>Class 1 Programs</i>			
<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 provided by AGIA*

<i>Class 2 and 3 Programs</i>		
<i>(Note: Complete the Class 2/3 Supplemental Questionnaire located at the end of this file if any of these activities are checked)</i>		
<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

Excluded Designated Ongoing Operations

Policy Number:
COMMERCIAL GENERAL LIABILITY
CG 21 53 01 96

This endorsement changes the policy. Please read it carefully.

This endorsement modifies insurance provided under the following _____

Commercial General Liability Coverage Part

SCHEDULE

Description of Designated Ongoing Operation(s): Activist rallies/marches, Activities Performed at Any Private Residence, Adult entertainment, Aircraft Events, Animal Acts and Shows, Ballooning, Bicycle Rallies, Races and Events on public streets, Block Parties/Street Closures/Street Fairs-over 5,000 in attendance, Boat Shows - in water, Bungee Devices, Bungee Jumping, Card Game Events (Blackjack, Poker, etc), Carnival Rides, Casino Nights, Certified Athletic Training, Cheer-leading Pyramids - (Up to 2 1/2 is allowable ONLY if the insured is following the USASF, AACCA, or NCA guidelines, and follows a concussion awareness program - no trampolines, springboards or other apparatus), Childcare/Babysitting Services, Church Services or Meetings, Circuses, Comedians or Comedy Shows, Concerts - Not Otherwise Classified, Concerts involving rap, hip-hop, heavy metal, ska/punk, or other similar genres of music, Contact Kickboxing, Corn Cannon, Cryogenic chambers/ therapy, Daycare/Preschool Operations, Dunk Tanks, Diving, Educational Exhibitions, Electric bicycles, Evangelical events including faith healing or similar activities, Events with Armed Private Security that do not meet AGIA eligibility, Events with Known Attendance Prior to the Event Greater than 5,000 People, Events with prior losses, Family Amusement Centers, Film Production, Film Screenings, Film Showings, Fireworks Sales & Displays, Fraternity or Sorority operations, Free Running, Freestyle Skiing, Fund Raising Events, Go-Carts, Graduation Night Events, Hang Gliding, Hot Air Balloon Rides, Hot Air Balloon Rides/Events, Hunting, Hypnotists, Impersonator - Celebrity or Holiday Characters, Impressionists, Inflatable Amusement Devices, Jumping Pillow, Knocker ball/Bubble Soccer, Laser Tag, Luge, Marijuana or Cannabis-related operations, Mechanical rides of any kind, Mixed Martial Arts, Monster Truck events, Mosh Pits, Motor Racing Including but not limited to cars, boats, all-terrain vehicles or snowmobiles, Mountain Climbing, Movie Release Party, New Year's Eve Parties, Non-rostered participants at tournaments hosted by the Insured, Outside concessionaires and vendors in conjunction with your organization, Parachuting, Parasailing, Parkour, Participant Liability for Rodeos and/or Roping Events, Participants of Aerial Activities, Petting Zoos, Player Transportation, Political events, Polo, Professional Sports, Prom and After-Prom Events, Promoters, Pumpkin Launching Devices, Racetracks, Racing or Speed Contests involving Aircraft, Autos, or Watercraft, Riding in/on floats or motorized vehicles in parades, Rock Climbing, Rodeo and Roping Events - Professional, Rummage Sales - Other than for Charities, Saddle Animal Rides, Sale/ Manufacturing/Distribution of Athletic Equipment, Scooters, Segways, hoverboards or other similar devices, Seminars. Casino and Lounge Shows, Old Timer Events, Sidewalk Sales, Ski Events - Other than Cross Country, Ski Jumping, Skin & Scuba Diving, Sky Diving, Snow Skiing - Other than cross-country, Sports/Events/Activities involving animals other than service animals, livestock, or rodeos, Subleasing and/ or Facility Rentals to Third Parties, Surfing, Swap Meets/Flea Markets, Swimming Pool Facilities, Teleconferences, Temporary structures including grandstands, Tobogganing, Towing Devices of Any Kind, Trackless Trains, Tractor Trailer Pulls, Training of Law Enforcement or Military personnel, Training of Professional Athletes, Trampolines, Triathlons, Tug of War, Union Meetings, Use of Saunas or Tanning Devices, Velcro Jumps, Voter Registration, Water Skiing, Waterslides, Zip Lines, Zippy Pets

With respects to certificate number: _____

Specified Location (if applicable): _____

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The following exclusion is added to paragraph 2., Exclusions of COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I - Coverages):

This insurance does not apply to "bodily injury" or "property damage" arising out of the ongoing operations described in the Schedule of this endorsement, regardless of whether such operations are conducted by you or on your behalf or whether the operations are conducted for yourself or for others.

Unless a "location" is specified in the Schedule, this exclusion applies regardless of where such operations are conducted by you or on your behalf. If a specific "location" is designated in the Schedule of this endorsement, this exclusion applies only to the described ongoing operations conducted at that "location".

For the purpose of this endorsement, "location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

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.

California Police Athletic/Activities League

Class 2/3 Supplemental Questionnaire

Please provide your best estimates below:

Class 2/3 Activity	Participant Count	Date Range	Frequency (Per Day, Week, Month)	Overnight Stay
Archery				<input type="checkbox"/> Yes <input type="checkbox"/> No
Paintball				<input type="checkbox"/> Yes <input type="checkbox"/> No
Rifle, non-powered				<input type="checkbox"/> Yes <input type="checkbox"/> No
Equestrian/Horseback Riding				<input type="checkbox"/> Yes <input type="checkbox"/> No
Rifle, powered				<input type="checkbox"/> Yes <input type="checkbox"/> No
Skateboarding Courses or Parks				<input type="checkbox"/> Yes <input type="checkbox"/> No
Sailing				<input type="checkbox"/> Yes <input type="checkbox"/> No
Kayaking				<input type="checkbox"/> Yes <input type="checkbox"/> No
Sea Explorers				<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Skiing				<input type="checkbox"/> Yes <input type="checkbox"/> No
Sculling				<input type="checkbox"/> Yes <input type="checkbox"/> No
Canoeing				<input type="checkbox"/> Yes <input type="checkbox"/> No
Rafting				<input type="checkbox"/> Yes <input type="checkbox"/> No
Skeet & Trap				<input type="checkbox"/> Yes <input type="checkbox"/> No
Police Explorers/Cadets				<input type="checkbox"/> Yes <input type="checkbox"/> No
Rock Climbing Walls				<input type="checkbox"/> Yes <input type="checkbox"/> No
Off-Road Programs				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions

1. Please describe the safety policies and procedures that will be in-place during the Class 2/3 activities noted above.
2. If the Class 2/3 activities noted above are being held at premises not owned by your organization, will a rental/lease agreement be executed? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will any of the Class 2/3 activities noted above include one-to-one instruction to participants? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of PAL _____