

# ARMED FORCES AERO CLUB

8908 Aero Drive  
San Diego, CA 92123  
www.flyafac.com



Based At  
Montgomery Field

---

Providing Education and Service to the Aviation-Minded San Diego Community

---

## Individual Deductible Plan 2024

Each active AFAC member may be held liable for repair of damages he/she caused to AFAC aircraft including repayment of the insurance policy deductible of \$1,000 (By-laws Art. XI, Sec. 3). Members may voluntarily participate in the Individual Deductible Plan (IDP), a pool created to provide funds to absorb the member's potential liability for unintentional damage to AFAC aircraft up to \$1,000 per incident. Participation in the IDP does not automatically relieve members from responsibility or liability resulting from intentional damage or damage resulting from violation of FAA, local or club regulations or resulting from their negligence (By-Law Art. IV, Sec. 8).

The Individual Deductible Plan (IDP) is not insurance; it simply exempts participating members from the requirement to reimburse AFAC for damages in the event of an accident or incident. Participating members are exempted up to AFAC's current insurance policy deductible amount or \$1,000, whichever is greater. Member's liability may be exempted only for accidents or incidents occurring after joining the IDP.

**AFAC's Individual Deductible Plan (IDP) is optional; participation is solely at the discretion of each member and in no way influences a member's status in AFAC.**

If you are an active member and wish to participate in the IDP, please complete this application and return it to the treasurer with your application for affiliation or your next regular payment.

**Yes, I want to participate in the 2024 IDP. The cost is \$3.00 per month remaining in the year, payable in advance and non-refundable. Participation in the IDP will commence immediately following receipt of this application and payment in full. No pro-rations for partial months.**

Payment is attached     Bill me     Auto-Renew

Name: \_\_\_\_\_  
[Please print First Name, MI, Last Name]

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_