



INSURANCE
AGENTS & BROKERS

Opt-Out Request Any and All IA&B Facsimiles

Please remove the telephone numbers designated below from IA&B's facsimiles distribution lists to include any and all facsimile communications sent by or on behalf of Insurance Agents & Brokers of Pennsylvania Inc., Insurance Agents & Brokers of Maryland Inc., Insurance Agents & Brokers of Delaware Inc. and/or Insurance Agents & Brokers Service Group Inc. I realize that by making this request, no further communications or information, solicited or unsolicited, will be transmitted via facsimile to these numbers, until such time that express written permission is given.

Telephone number(s) at which the individual, company or organization is requesting not to receive facsimiles:

Fax number(s)	Corresponding mailing address(es):
# _____	_____
# _____	_____
# _____	_____
# _____	_____
# _____	_____
# _____	_____
# _____	_____

Name, title and signature of the individual or the employee authorized to consent for it not to receive facsimiles:

_____	_____
Name	Title
_____	_____
Business	Phone
_____	_____
Signature	Date

NOTE: Only those authorized can make the determination on behalf of all persons at the business, including primary member on behalf of the entire IA&B member agency.

Please complete, sign and date this form and return it to:

Insurance Agents & Brokers
5050 Ritter Road / P.O. Box 2023
Mechanicsburg, PA 17055-0763
FAX: 717-795-8347

Allow 30 days for processing