



INSURANCE  
AGENTS & BROKERS

### Express Invitation and Permission To Receive Any and All IA&B Facsimiles

\_\_\_\_\_ \* gives express invitation and permission to receive, and agrees to receive, 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. over the telephone number(s) listed below, including any material advertising the commercial availability or quality of any property, goods, or services, by providing below the said telephone number(s), the corresponding mailing address for each telephone number provided, and the signature and title of an employee authorized by \_\_\_\_\_ \* to consent for it to receive facsimiles.

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

Fax number(s)

Corresponding mailing address(es):

# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_  
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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