



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):

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 either by mail, fax or e-mail:

Insurance Agents & Brokers
5050 Ritter Road
Mechanicsburg, PA 17055-4879

Fax: 717-795-8347

Email: iab@iabgroup.com

Allow 30 days for processing

*Name of Individual or Business.