



INSURANCE AGENTS & BROKERS

# Partners Program

## Company Information

Company Name

Partner Contact

Street Address

Partner Contact Signature

Mailing Address

City

State

Zip

Telephone

Fax

E-mail Address \*Required

Company Type:

Insurance Company

Other, please specify: \_\_\_\_\_

## IA&B Partner Sponsorship Levels

Registrations received between:

	<u>Jan. 1-Apr. 30</u> (100%)	<u>May 1-Aug. 31</u> (75%)	<u>Sept. 1-Dec. 31</u> (50%)	<u>Total</u>
<input type="checkbox"/> Platinum Partner	\$4,000	\$3,000	\$2,000	\$ _____
<input type="checkbox"/> Gold Partner	\$3,000	\$2,250	\$1,500	\$ _____
<input type="checkbox"/> Silver Partner	\$2,000	\$1,500	\$1,000	\$ _____
<input type="checkbox"/> Bronze Partner	\$1,000	\$ 750	\$ 500	\$ _____

Note: Promotion benefit cycle will begin within 60 days of program registration approval. Partner benefits will be in effect through the end of IA&B's current fiscal year, March 31.

The Association reserves the rights to exercise its sole discretion in acceptance or refusal of Partner applications. If an application is not accepted by the Association, all money paid will be returned to the applicant.

## Payment Options

Check enclosed payable to IA&B.

Charge to my:  corporate or  personal credit card.

Card Type:  Visa  MasterCard  AMEX

Amount: \$ \_\_\_\_\_

**Please complete and return to:**  
**Insurance Agents & Brokers**  
5050 Ritter Road  
Mechanicsburg PA 17055-4879  
(717) 795-9100/(800) 998-9644

\_\_\_\_\_/\_\_\_\_\_  
Account Number Exp. Date

\_\_\_\_\_  
Name of Cardholder

\_\_\_\_\_  
Signature of Cardholder



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**IA&B Office Use Only:**

Rev.01.12

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

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

Ck. Amt. \$ \_\_\_\_\_

Ck #: \_\_\_\_\_