



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

		<b>Total Remitted</b>
<input type="checkbox"/> Platinum Partner	\$3,675	\$ _____
<input type="checkbox"/> Gold Partner	\$2,625	\$ _____
<input type="checkbox"/> Silver Partner	\$1,575	\$ _____
<input type="checkbox"/> Bronze Partner	\$ 800	\$ _____

Note: Promotion benefit cycle will begin within 60 days of program registration approval. The promotion cycle will then be in effect through the end of IA&B's current fiscal year.

## Payment Options

Check enclosed payable to IA&B.

P.O. Box 2023  
Mechanicsburg, PA 17055-0763

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

**Please complete and return to:**  
**Insurance Agents & Brokers**  
5050 Ritter Road  
P.O. Box 2023  
Mechanicsburg PA 17055-0763

Charge to my:  corporate or  personal credit card.

Card Type:  Visa  MasterCard  AMEX

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

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

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



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**IA&B Office Use Only:**

10/07

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

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

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