Independent Insurance Agents and Brokers of Arizona



Email Address for Receipt

News & Views ADVERTISEMENTS

The News & Views (the Association's bi-monthly newsletter) accepts advertisements from members and associate members of the Independent Insurance Agents and Brokers of Arizona (IIABAZ).

All advertisements are subject to approval by the IIABAZ.

Placement of an advertisement is not an endorsement, and the IIABAZ reserves the right to require this to be disclosed as a condition for acceptance of advertising agreements.

If advertisement is for an insurance product, the insurance carrier used for that program must be displayed in the advertisement. If the carrier is a non-admitted market to Arizona, that fact must be clearly disclosed in the advertisement as well.

This newsletter is published every other month at the state association's office and distributed to its members and associate members (approximately 375 firms statewide).

SPECS: Advertisements should be submitted in full color. All ads should have at least a quarter inch white border. Advertisements should be submitted to terri@iiabaz.com in jpg or pdf format. Drop Box link will be provided if needed. Please Note: No tear sheets provided.

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Advertisement prices per edition are as follows:	\$175.00 Half – Po	rtrait Only (8 ½ by ortrait or Landscape – Portrait Only	(4 ¼ by 11 OR 8 ½ l	oy 5 ½)
The scheduled due dates for Ads and Payments are as	follows:	March 1, 2023	(January/February Edition) (March/April Edition) (May/June Edition) (July/August Edition) (September/October Edition) (November/December Edition)	
Advertisements must be submitted by deadline due dates to info@iiabaz.com and cc iiabazmail@gmail.com.		July 1, 2023 September 1, 2023		
Indicate your selection: ☐ Full Page Ad \$250 each issue ☐ Select Issue(s): ☐ Jan/Feb 2023 ☐ Mar/Apr 2023 ☐ Mar	_		Quarter Page Ad \$	
Total Amount Due:				
Company Name				
Contact Name E	mail Address			
Address City/State/Zi	p		Phone	
☐ Invoice Me ☐ Check Enclosed Payable to IIABAZ ☐ Credit Ca	ırd (Visa, MasterCard,	Discover and American	Express)	
Card Number Exp. Date	V-Co	de Name	on Card	
CC Billing Address		Signature		

Return completed form to IIABAZ at 333 E. Flower Street, Phoenix, Arizona 85012 OR Email info@iiabaz.com OR Fax (602) 468-1392 Contact 602-956-1851 or info@iiabaz.com for questions.