

Independent Insurance Agents and Brokers of Arizona



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.

Advertisement prices per edition are as follows:

\$250.00 Full – Portrait Only (8 ½ by 11)
\$175.00 Half – Portrait or Landscape (4 ¼ by 11 OR 8 ½ by 5 ½)
\$100.00 Quarter – Portrait Only (4 ¼ by 5 ½)

The scheduled due dates for Ads and Payments are as follows:

January 1, 2024 (January/February Edition)
March 1, 2024 (March/April Edition)
May 1, 2024 (May/June Edition)
July 1, 2024 (July/August Edition)
September 1, 2024 (September/October Edition)
November 1, 2024 (November/December Edition)

Advertisements must be submitted by deadline due dates to info@iiabaz.com and cc_iiabazmail@gmail.com.

Indicate your selection: Full Page Ad \$250 each issue Half Page Ad \$175 each issue Quarter Page Ad \$100 each issue

Select Issue(s): Jan/Feb 2024 Mar/Apr 2024 May/June 2024 Jul/Aug 2024 Sep/Oct 2024 Nov/Dec 2024

Total Amount Due: _____

Company Name _____

Contact Name _____ Email Address _____

Address _____ City/State/Zip _____ Phone _____

Invoice Me Check Enclosed Payable to IIABAZ Credit Card (Visa, MasterCard, Discover and American Express)

Card Number _____ Exp. Date _____ V-Code _____ Name on Card _____

CC Billing Address _____ Signature _____

Email Address for Receipt _____

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.