



We Are You.

Agents & Independent Brokers

The Council of Insurance Brokers of Greater New York, Inc.

("CIBGNY") is a leading professional trade association representing independent insurance agents and brokers in the major metropolitan region of New York State.

CIBGNY members

come from all New York City Boroughs, Long Island, Westchester and Rockland Counties. The CIBGNY originated in 1967 as an association of various local New York City brokers' associations, and subsequently became the successor organization. Its retained vendor staff and member volunteer leadership help promote and ensure equitable treatment of its agent/broker members, and the insurance and financial security needs and interests of their clients.



The CIBGNY provides

a significant and proactive advocacy voice for the interests and concerns of its members and their clients. It also provides a forum for the exchange of ideas through both professional education and professional networking.



Membership in CIBGNY is unique because:

- Members have immediate impact/access to the Board;
- Members have an immediate voice in the policy direction of the association;
- Members have immediate access to the organization's lobbyist(s) and to legislators and regulators in New York State.

CIBGNY is an established voice in Albany. CIBGNY has led the way in several legislative/regulatory issues such as Loss Runs, Late Notice of Claims, Self Service Storage Company Limited Insurance Licenses, and most recently, Producer Compensation.

***CIBGNY is proactive, vigilant and growing...
It's the right association for you to join today!***

Don't let regulators and legislators control your fate. Have your voice heard.

**Join CIBGNY in ensuring that the livelihoods and business interests
of all insurance professionals in your office,
and the interests of their clients, are protected for years to come.**

Fill out the application on the back or go to www.CIBGNY.com and join now!



Council of Insurance Brokers of Greater New York, Inc.

Phone: 516-681-6265 Fax: 516-706-7270 www.cibgny.com

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Membership Application

Name _____ Company _____

Owner: _____ Position _____

Business address _____ City _____ St _____ Zip _____

Broker's license number _____ Date of Birth _____

Email _____

Phone _____ Fax _____

Home address _____

City _____ St _____ Zip _____ Phone _____

Please send all correspondence to: Home Business

If elected to membership, the undersigned agrees to abide by this Association's Constitution and Bylaws as now constituted or as amended.

Signature: _____ Date: _____ Sponsored by: _____

APPLICATION SUBMITTED FOR:

Individual Membership **\$250 (Pay By January 31st)** **\$275 (After January 31st)**
License # _____

Affiliate Membership **\$225 (Pay By January 31st)** **\$250 (After January 31st)**
An Affiliate is a person or entity associated with the insurance industry other than as an insurance broker or agent. An Affiliate shall not have the right to vote or to hold elective office.

Corporate/Agency Membership **\$600 (Pay By January 31st)** **\$675 (After January 31st)**
Includes membership for 3 individuals; \$200 for each additional member

List 3 members below. Please list additional names (at \$200 each) on a separate sheet of paper.

Name _____ License # _____ Email _____

Name _____ License # _____ Email _____

Name _____ License # _____ Email _____

Make checks payable to CIBGNY and mail to: CIBGNY, 150 Dartmouth Drive, Hicksville, NY 11801

Credit Card: American Express Visa MasterCard

Card Number: _____ Exp. ____/____ CVV/Security code _____

Name on card _____ Signature: _____

Billing Address _____

For questions please contact Jeanne Abatelli at (516) 681-6265, or via email at cibgnyinc@gmail.com