



## 2024-25 PARTNERSHIP

### OURWHO

With over 177 years of enriched history, the IBNO is one of the oldest associations existing in Cleveland today, originally established in June of 1846 as the Cleveland Board of Underwriters. IBNO is currently made up of insurance agents, company carriers, and affiliated businesses throughout Northern Ohio.

### OURWHAT

IBNO's mission is to promote and strengthen the local insurance agency system through relevant professional development and education, network building, and charitable giving. Whether you are a seasoned insurance professional or new to the industry, IBNO has resources for you.

### BENEFITS AT-A-GLANCE

BENEFITS	PLATINUM Partner \$10,000	GOLD Partner \$7,500	SILVER Partner \$5,000	BRONZE Partner \$2,500	VIP Partner \$1,000
Company Sponsor Recognition at all IBNO Events	✓	✓	✓	✓	✓
IBNO Website Visibility (Logo + Link)	✓	✓	✓	✓	✓
Recognition on Social Media Platforms	✓	✓	✓	✓	✓
Speaking/Presentation Opportunity	✓	✓	✓	---	---
IBNO Memberships (Named Individuals)	8	6	4	2	1
Golf Outing Sponsor	1 <sup>st</sup> CHOICE of: Breakfast, Lunch, Dinner	2 <sup>nd</sup> CHOICE of: Breakfast, Lunch, Dinner	HOLE SPONSOR	HOLE SPONSOR	---
Golf Outing Foursome	✓	AT MEMBER RATE	AT MEMBER RATE	---	---
Golf Outing Raffle Tickets	8	6	4	2	1
Clambake Tickets	TABLE of 8	6	4	2	1
Co-Branded Event Promotion (NOT Golf Outing or Clambake)	✓	✓	---	---	---
Promotional E-Blast Opportunity to IBNO's 5000+ Contact List	✓	✓	✓	✓	✓



## 2024-25 PARTNERSHIP

### *PARTNERSHIP TERMS AGREEMENT*

The undersigned party (herein after “Partner”) hereby applies to become a partner of the Insurance Board of Northern Ohio (herein after “IBNO”) under the terms of the “Corporate Partnership Program” (herein after “Program”) for the current Partnership year. If Partner is accepted to the Program, Partner further agrees to a partnership contract term of one calendar year, payable upfront.

IBNO strives to develop quality partnership relationships with sponsors who have a long-term interest in supporting the insurance industry. Partner understands that Program has the ultimate right to refuse acceptance to any party without recourse in its pursuit of that goal.

In recognition of the relationship that the Program seeks to establish with its sponsors, the Program limits the number of Partners in a given year. Furthermore, the qualified Partners shall represent a cross-section of the industry. In most cases, the invitation has been extended to only a few qualified sponsors in each category.

Benefits will be based on level of Partnership selected by Partner.

### **DUE DILIGENCE TERMS & CONDITIONS:**

All prospective Partners will be subject to a due diligence review and must currently be and remain in good standing with any and all industry regulating agencies.

### **RESPONSIBILITIES OF PARTNER INCLUDES:**

- Payment of annual Partnership fee (based on level selected)
- Active participation in the education of our membership
- Provide logo and contact information
- Maintain good corporate citizenship and standing

### **CHAPTER MAY, AT ITS SOLE DISCRETION:**

- Accept, deny, non-renew, and/or terminate a Partner
- Accept or decline any Partner speaker offering if it does not meet CE® requirements or fit within the chapter’s programming agenda
- Schedule, reschedule, or cancel meeting dates or presentations and will not be responsible for any Partner liabilities, financial or otherwise, arising from such actions
- Change the Partnership fee and/or prompt payment discount at renewal



## 2024-25 PARTNERSHIP

### PARTNERSHIP COMMITMENT FORM + PAYMENT INFORMATION

#### PARTNERSHIP LEVEL:

PLATINUM Partner - **\$10,000**

SILVER Partner - **\$5,000**

GOLD Partner - **\$7,500**

BRONZE Partner - **\$2,500**

VIP Partner - **\$1,000**

PLEASE EMAIL THE COMPLETED FORM TO: [services@ibno.org](mailto:services@ibno.org)

Partner agrees to the above terms, and hereby applies for a PLATINUM / GOLD / SILVER / BRONZE / VIP Partnership (circle one) with IBNO on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Partnering Company \_\_\_\_\_

\_\_\_\_\_  
Contact \_\_\_\_\_

\_\_\_\_\_  
Mailing Address, City, State, \_\_\_\_\_

\_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Website (to be linked to the IBNO website)

Please send your current logo in **JPG or PNG format and EPS** to: [services@ibno.org](mailto:services@ibno.org)

CHARGE THE CREDIT CARD BELOW:

\_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Credit Card Billing Address, City, State, Zip \_\_\_\_\_

*Thank you for your participation in our Partnership Program! We look forward to working with you!*