



INSURANCE BROKERS ASSOCIATION OF WATERLOO REGION

Please complete this broker roster for recordkeeping with the IBAWR. Please note this information will be kept confidential and used for updating our mailing list and billing purposes only.

Brokerage Name:

Brokerage Address:

Brokerage Phone #:

Key Contact:

Principal Broker:

Insurance Brokers

If all email addresses within your brokerage have a similar layout, please input that below (i.e. FirstName.LastName@DomainName.ca).

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Submit

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