

Commercial Lines of Insurance

The Timber Products Manufacturers Association is a leader in providing professional services, programs and consultation to the timber and wood products industry. We strive to continuously improve our programs and services to meet the needs of our member companies and improve their bottom line.

TPM has joined with Inland Insurance, Inc. to offer Commercial Lines of Insurance to our members.

Our goal is to provide our members with the best service and coverage available for each premium dollar invested.

Insurance is one of the major costs of doing business. To help you better manage this necessary expense and save you money, the Timber Products Manufacturers Association (TPM) has joined forces with Alaska National Insurance Company and Inland Insurance, Inc.

What does this mean to you?

As a member of TPM you and your business now have access to commercial insurance products tailored to the needs of your business through TPM and will be able to benefit from our Association purchasing power.

Insurance coverages that are available include:

- ▲ Workers' Compensation
- ▲ General Liability Insurance
- ▲ Property and Casualty Insurance
- ▲ Commercial Automobile

All information is kept strictly confidential.



For more information regarding the new Commercial Lines of Insurance complete the form below and fax to TPM at (509) 534-6106.

Timber Products Manufacturers Association
Dick Molenda or Kevin Proctor (877) 535-4646
951 East Third Avenue, Spokane, WA 99202

Inland Insurance, Inc.
Jim Dineen (877) 544-2648
9016 East Indiana, Suite A
Spokane Valley, WA 99212



Commercial Insurance Line

Renewal Date

- | | |
|--|-------|
| <input type="checkbox"/> Workers' Compensation | _____ |
| <input type="checkbox"/> General Liability Insurance | _____ |
| <input type="checkbox"/> Property Casualty Insurance | _____ |
| <input type="checkbox"/> Commercial Automobile | _____ |

FAX to: (509) 534-6106

Contact Person: _____

Title: _____ E-mail: _____

Company: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____