



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.

For more information contact:

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

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

Announcing TPM's Commercial Lines of Insurance

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 Casualty Insurance
- ▲ Commercial Automobile





TPM's Commercial Lines of Insurance

I would like more information regarding the new Commercial Lines of Insurance being offered to members of TPM.

	<i>Commercial Insurance Line</i>	<i>Renewal Date</i>
<input type="checkbox"/>	Workers' Compensation	_____
<input type="checkbox"/>	General Liability Insurance	_____
<input type="checkbox"/>	Property Casualty Insurance	_____
<input type="checkbox"/>	Commercial Automobile	_____

FAX form to TPM at **(509) 534-6106**

Contact Person: _____

Title: _____ E-mail: _____

Company: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

All information is kept strictly confidential.

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