

CERTIFICATE OF INSURANCE ORDER FORM

Name of Insured

Miss America Preliminary State & Local Pageants

Legal name of organizer of this event. (You will be automatically added as additional insured).

Mailing address	City	State	Zip code
-----------------	------	-------	----------

Contact Person	Phone #	Fax #
----------------	---------	-------

Event Dates (Including setup & teardown)

CERTIFICATE FOR LIABILITY

(For the building owner where pageant is held. Person or organization requiring proof of insurance)

Name of Certificate Holder	Additional Insured (x) Yes () No
----------------------------	----------------------------------

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Contact Person	Phone	Fax #
----------------	-------	-------

Remarks/Additional Instructions:

Distribution: MAIL OR FAX TO PAGEANT OR HOLDER

Gallaher-Tangora-Rodes
PO Box 798, 110 N Coal
Mexico, Mo 65265
Phone 573-581-8330 * Fax 573-581-8372