



2018

WESTERN MINNESOTA
STEAM THRESHERS REUNION
www.rollag.com

**SPECIAL VEHICLE PERMIT
APPLICATION**

Vehicle ID: _____

*Certificate of Insurance or Copy of Insurance Binder and a copy
of Current Driver's License Must Accompany This Form.*

**IMPORTANT: Certificate of Insurance Must List WMSTR
as the Certificate Holder.**

Current Coverage Dates and Liability Limits **MUST** be Listed on this Certificate.

The Certificate of Insurance must be presented with registration and this application.

**ONLY LICENSED DRIVERS MAY OPERATE
PERSONAL VEHICLES**

Hours of Operation: 5:00 am to 10:00 pm - No dirt bikes allowed

No Operation In Restricted Areas Between Hours Of 9am-5pm.

\$10.00 fee per vehicle / Fee waived with copy of State issued handicap permit.

All personal vehicles must be registered with the Admin Building.

Type of Vehicle: ___ ATV ___ Golf Cart ___ Other

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

**We require a copy of your certificate of insurance, drivers license and handicap
permit (if applicable).**

The reason I need to use this personal vehicle: _____

Please indicate the area you work in, and person in charge: _____

***All Personal Vehicle Operators MUST Attend a Personal Vehicle Safety Meeting and
Display The Personal Vehicle Safety Ribbon When Operating the Vehicle.***

**In case of willful or flagrant violation of the rules of WMSTR, as determined by Security or any
Director, the vehicle will be impounded by security AND NOT RELEASED until you leave the
grounds when the show is over.**

I Agree to the terms stated above:
Signature: _____
Date: _____

Please fill out and mail this form back to: WMSTR
RETURN BY AUGUST 1st PO Box 9337
Fargo, ND 58106
WMSTR_FORM_18-SVP-20180612



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL insured, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
Insurance Company Info		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
INSURED		INSURER(S) AFFORDING COVERAGE	
(Your Name & Contact Info)		INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		NAIC #	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ENDORSEMENTS OR CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT <input type="checkbox"/> APPLIES PER POLICY						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			Rec Veh. Liability 00256358 1999 EZ Go VIN #	m/d/y (must include date of permit app.)	m/d/y (must include Labor Day)	COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below						WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

In regards to use of an ATV/Golf cart for transportation at WMTA grounds at Rollag, MN between m/d/y & Labor Day

CERTIFICATE HOLDER	CANCELLATION
Western Minnesota Steam Threshers Reunion PO Box 627 Hawley, MN 56549 218-937-5316 218-937-5125 (Fax)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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