



2022

WESTERN MINNESOTA  
STEAM THRESHERS REUNION  
www.rollag.com

**WORKER/MEMBER SPECIAL VEHICLE  
PERMIT APPLICATION**

All special vehicles must be registered with the  
Administration Building.

Office Use Only
Vehicle Permit # _____ To be assigned by office staff
Entered: _____
Paid: Yes _____ No _____
Initials: _____
IZ: _____

The following items Must Accompany this Form:

- Certificate of Insurance or Copy of Insurance Binder  
(Current Coverage Dates & Liability Limits MUST be listed on the Certificate of Insurance)
- Copy of Current Driver's License & Copy of the State Issued Handicap Permit

**IMPORTANT:** Certificate of Insurance Must List WMSTR as the certificate holder. (example on page 2)

**\$10.00 Fee Per Vehicle / Fee waived with copy of State issued handicap permit.**

Please Print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All Special Vehicle Operators MUST attend a Special Vehicle Safety Meeting and Display the Special Vehicle Safety Ribbon When Operating the Vehicle.**

**In case of willful and 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. Initials acknowledging: \_\_\_\_\_**

Type of Vehicle: (Please Check): Golf Cart \_\_\_\_\_ ATV \_\_\_\_\_ Side by Side \_\_\_\_\_ Other \_\_\_\_\_

The reason I need to use this personal vehicle: \_\_\_\_\_

**Hover-rounds/Mobility Scooters and Segways do not need to register or provide proof of insurance**

**ONLY LICENSED DRIVERS MAY OPERATE SPECIAL VEHICLES**

Hours of Operation: 5:00am - 10:00pm - No Dirt Bikes Allowed

No Operation In Restricted Areas Between Hours of 9:00am - 5:00pm

**Email to: rollag\_admin@rollag.com**



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

**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 SUBORDINATED CLAIMS.**

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

<b>CERTIFICATE HOLDER</b>  Western Minnesota Steam Threshers Reunion PO Box 627 Hawley, MN 56549 218-937-5316 218-937-5125 (Fax)	<b>CANCELLATION</b>  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