



2022

WESTERN MINNESOTA
STEAM THRESHERS REUNION
www.rollag.com

**VISITOR 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.

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 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):
INSURED (Your Name & Contact Info)	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	

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 OTHER 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						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLS TO POLICY						PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> PF <input type="checkbox"/> JE <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$
	AUTOMOBILE LIABILITY						PRODUCTS COMP/OP AGG	\$
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>	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)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/>				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE	<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>					\$
	<input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				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 WMTTR 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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