

## 2023

## WESTERN MINNESOTA STEAM THRESHERS REUNION

**ISITOR SPECIAL VEHICLE PERMIT**APPLICATION \_\_\_\_

All special vehicles must be registered with the Administration Building.

The following items MUST Accompany this Form:

- Certificate of Insurance or proof of liability insurance on WMSTR Grounds
- Copy of State Issued Handicap Permit, if applicable

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

www.rollag.com

**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 Co	de:	
State Driver's License Issued From: _	Driver's License Number			
All Special Vehicle Operators MUST attend a Safety Meeting and Display the 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.				
Signature:	Date:			
Type of Vehicle: (Please Check): Golf Cart	ATV	Side by Side	Other	
The reason I need to use this personal vehicl	le:			
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 D, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies nay equi an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL **Insurance Company Info** RODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC# INSURED INSURER 4 : INS JP J: (Your Name & Contact Info) IN' .≟R.Þ INSUP" **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISS E INSURED NAMED ABOVE FOR THE POLICY PERIOD 40 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY COCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TO POLEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY CT O OTHER DOCUMENT WITH RESPECT TO WHICH THIS SCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, J CLAIMS. ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXT TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERC AL & ADV INJURY \$ \_RA GGREGATE GEN'L AGGREGATE LIN ΛPF 3 PE UCTS OMP/OP AGG \$ POLICY OC AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ m/d/y m/d/y ANY AUTO (must BODILY INJURY (Per person) \$ Rec Veh. Liability (must ALL OWNED AUTOS include BODILY INJURY (Per accident) \$ 00256358 include SCHEDULED AUTOS PROPERTY DAMAGE date of 1999 EZ Go (Per accident) HIRED AUTOS Labor permit VIN# S NON-OWNED AUTOS Day) app.) 5 UMBRELLALIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE S **DEDUCTIBLE** S RETENTION 5 WC STATU WORKERS COMPENSATION TORY LIMITS AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under
SPECIAL PROVISIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Ac and Remarks Schedule, if more space is required) In regards to use of an ATV/Golf cart for transport. on at WM TR grounds at Rollag, MN between m/d/y & Labor Day CERTIFICATE HOLDER CA SELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE Western Minnesota Steam Threshers Reunion PO Box 627 POLICY PROVISIONS Hawley, MN 56549 218-937-5316 AUTHORIZED REPRESENTATIVE 218-937-5125 (Fax)