

2024

WESTERN MINNESOTA STEAM THRESHERS REUNION

WORKER/MEMBER SPECIAL VEHICLE PERMIT APPLICATION

www.rollag.com

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

\$20.00 Fee Per Vehicle - No Exceptions

| Office Use Only | | | |
|--------------------------------|--|--|--|
| Vehicle Permit # | | | |
| To be assigned by office staff | | | |
| | | | |
| Entered: | | | |
| nitials: | | | |
| Z: | | | |

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

| Please Print: | | | |
|--|---------------------|--|--|
| Name: | | | |
| Address: | | | |
| City: | | | |
| State Driver's License Issued From: | Driver's | License Number | |
| Hover-rounds/Mobility Scooters and Seg | gways do not need i | to register or provide proof of insurance | |
| All Special Vehicle Operators MUST attend a Safety Meeting and Display the Safety Ribbon When Operating the Vehicle. | | | |
| By signing this document, I agree to release The Western MN Steam Threshers from all liability relating to injuries that may occur on the Western MN Steam Thresher showgrounds. | | | |
| I agree to indemnify, defend and hold harmless The Western Minnesota Steam Threshers Reunion from all actions or causes of action brought as a consequence of my driving on the Western MN Steam Threshers showgrounds. I forfeit all rights to bring a suit against the Western MN Steam Threshers Association for any reason. I will make every effort to obey safety rules & precautions. | | | |
| I agree to hold Western Minnesota Steam Threshers Association entirely free from any liability, including financial responsibility for damage or injury, regardless of whether damage or injuries are caused by negligence. | | | |
| In case of willful and flagrant violation of the ru will be impounded by security AND NOT REL | | letermined by security or any Director, the vehicle ave the grounds when the show is over. | |
| Signature: | | | |

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



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)