



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

Office Use Only
Vehicle Permit # _____ To be assigned by office staff
Entered: _____
Initials: _____
IZ: _____

\$20.00 Fee Per Vehicle - No Exceptions

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

Please Print:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

State Driver's License Issued From: _____ Driver's License Number _____

Hover-rounds/Mobility Scooters and Segways do not need 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 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:** _____

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

WMSTR_FORM_24-SVP-20240424



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 :	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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						EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIM APPROPRIATE POLICY <input type="checkbox"/>						GENERAL AGGREGATE	\$
							PRODUCTS COMP/OP AGG	\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident)	\$
	ANY AUTO <input type="checkbox"/>			Rec Veh. Liability	m/d/y (must include date of permit app.)	m/d/y (must include Labor Day)	BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS <input type="checkbox"/>			00256358			BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS <input type="checkbox"/>			1999 EZ Go			PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS <input type="checkbox"/>			VIN #				\$
	NON-OWNED AUTOS <input type="checkbox"/>							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT	\$
	(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, Additional Remarks Schedule, if more space is required)
In regards to use of an ATV/Golf cart for transportation at WMAA grounds at Rollag, MN between m/d/y & Labor Day

CERTIFICATE HOLDER	CANCELLATION
Western Minnesota Steam Threshers Reunion PO Box 627 Hawley, MN 56549 701-212-2034 218-622-1101 (Fax) rollag_admin@rollag.com	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