



2024

WESTERN MINNESOTA
STEAM THRESHERS REUNION

www.rollag.com

VISITOR 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: _____
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-VIS-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):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	(Your Name & Contact Info)	INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

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)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	<input type="checkbox"/> GEN'L AGGREGATE LIM	<input type="checkbox"/>	<input type="checkbox"/>				PRODUCTS COMP/OP AGG	\$
	<input type="checkbox"/> POLICY	<input type="checkbox"/>	<input type="checkbox"/>					\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident)	\$
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/>	<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)	\$
	<input type="checkbox"/> ALL OWNED AUTOS			00256358			BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS			1999 EZ Go			PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS			VIN #				\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	<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"/>	<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE	\$
		<input type="checkbox"/>	<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 WMINTR grounds at Rollag, MN between m/d/y & Labor Day

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