



2025

WESTERN MINNESOTA
STEAM THRESHERS REUNION
www.rollag.com

**WORKER/MEMBER 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

\$20 Fee per Vehicle Permit - no Exceptions!

Office Use Only

Vehicle Permit # _____

To be assigned by office staff

Entered: _____

Initials: _____

IZ: _____

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 _____

**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 vehicle: _____

Hover-boards/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 | Fax: 218-622-1101

WMSTR_FORM_25-SVP-20250604



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 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.

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						MED EXP (Any one person) \$
	OCCUR						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT						GENERAL AGGREGATE \$
	POLICY						PRODUCTS COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident) \$
	ANY AUTO			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			00256358			BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS			1999 EZ Go			PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS			VIN #			
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N	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 WMSTR grounds at Rollag, MN between m/d/y & Labor Day

CERTIFICATE HOLDER

CANCELLATION

Western Minnesota Steam Threshers Reunion
PO Bo 9337
Fargo, ND 58106
701-212-2034
218-622-1101 (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