



2026

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:

- Hard Copy of Certificate of Insurance or Proof of Liability on WMSTR Grounds, ex. on Page 2 - (Cell Service during event does not allow for emailing during the event)
- Copy of State Issued Handicap Permit.

Office Use Only

Vehicle Permit # _____
To be assigned by office staff

Entered: _____

Initials: _____

IZ: _____

\$50.00 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 (which are held on the grounds during the event) 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 | Fax: 218-622-1101 'must be faxed or emailed prior to Event

WMSTR_FORM_26-SVP-VIS-20260201



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						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLICABLE TO THIS POLICY <input type="checkbox"/> PER POLICY <input type="checkbox"/> PER OCCURRENCE <input type="checkbox"/>						PRODUCTS COMP/OP AGG \$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						
	<input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A <input type="checkbox"/>						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below						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 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

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