



2026
VISITOR SPECIAL VEHICLE PERMIT

WESTERN MINNESOTA
STEAM THRESHERS REUNION

www.rollag.com

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.

\$50.00 Fee Per Vehicle - 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: _____

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'



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

INSURED

(Your Name & Contact Info)

CONTACT
NAME:
PHONE
(A/C, No, Ext):
E-MAIL
ADDRESS:
PRODUCER
CUSTOMER ID #:

FAX
(A/C, No):

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 SUBROGATION CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR 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) \$
	GEN'L AGGREGATE LIMITS <input type="checkbox"/> APPENDIX PE					PERSONAL & ADV INJURY \$
	POLICY <input type="checkbox"/> PF <input type="checkbox"/> JE <input type="checkbox"/> LOC					AGGREGATE \$
	AUTOMOBILE LIABILITY		Rec Veh. Liability 00256358 1999 EZ Go VIN #	m/d/y (must include date of permit app.)	m/d/y (must include Labor Day)	COMBINED SINGLE LIMIT (Per accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	HIRE AUTOS					
	NON-OWNED AUTOS					
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHE- R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A <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 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