ATTACHMENT - G

SafeFleet - Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/23/2026

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 have ADDITIONAL INSURED provisions or 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
Aon Risk Services Central, Inc.
Chicago IL Office
200 East Randolph
Chicago IL 60601 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Liberty Mutual Insurance Co.	23043
INSURER B:	Liberty Mutual Fire Ins Co	23035
INSURER C:	Liberty Surplus Insurance Corporation	10725
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Safe Fleet Holdings, LLC
and its subsidiaries
(See Attached Named Insured Schedule)
6800 W. 163rd Street
Belton MO 64012 USA

COVERAGES **CERTIFICATE NUMBER:** 570121111537 **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 PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY			100046087806	04/01/2026	04/01/2027	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR			SIR applies per policy terms & conditions			DAMAGE TO RENTED PREMISES (Ea occurrence)	$500,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$4,000,000
	OTHER:							
B	AUTOMOBILE LIABILITY			AS2-641-446255-016	04/01/2026	04/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WA564D446255026	04/01/2026	04/01/2027	X PER STATUTE OTH-ER	
	Y / N			AOS				
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		WC5641446255036	04/01/2026	04/01/2027	E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH)			WI			E.L. DISEASE-EA EMPLOYEE	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

County of Santa Barbara
Risk Management Department
105 E. Anapamu Street
Santa Barbara CA 93101-2000 USA

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

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570121111537

AGENCY CUSTOMER ID: 10228530

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Safe Fleet Holdings, LLC
POLICY NUMBER	
See Certificate Number: 570121111537	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570121111537	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Includes:

American Midwest Manfacturing, Inc.
American Van Equipment, LLC
Bustin Industrial Products, Inc
COBAN Technologies, Inc.
Crown North America, Inc.
Elkhart Brass Manufacturing Company, LLC
Fleetmind Seon Solutions, Inc.
Fire Research Corp.
IEM, Inc. dba Prime Design
Kerr Holdings Delaware, Inc.
Kerr Industries
Kerr Industries of Michigan, Inc.
Kerr Industries of Texas, Inc.
Merlot Vango Tarping Solutions, LLC
Pretoria Transit Interiors
Randall Manufacturing LLC
Rear View Safety LLC
Roll-Rite LLC
Roll-Rite dba Pulltarps Manufacturing
ROM Acquisition Corporation
ROM Acquisition Corporation dba ROM Corporation
ROM Corporation
ROM Holdings, Inc.
Safe Fleet Acquisition Corp
Safe Fleet Acquisition Corp 401(k) Plan
Safe Fleet Holdings LLC
SEON Design (USA) Corp.
SEON Holdings Corp.
SF Mobile-Vision, Inc.
SMC/CPC Holdings, Inc.
Specialty Manufacturing, Inc.
Swordfish Holdings, L.P.
Swordfish Intermediate Holdings, Inc.
Transpec Worldwide