

**The Surplus Line Association of California  
DILIGENT SEARCH REPORT (SL-2 FORM)**

Before completing this report, please review the instructions on page 2.

I, Parmjit Dhani, hereby submit that I performed or supervised this diligent search, and I am:

- ① (A) licensed as an individual agent-broker for the applicable lines of insurance or surplus line broker under California license number 0k71435; **OR**  
 (B) licensed and an endorsee on the license of \_\_\_\_\_;  
 (Full Name of Organization), California license number \_\_\_\_\_

- ② (A) Name of Insured: Down to Freight Inc DBA DTF  
 (B) Description of Risk: Trucking For hire  
 (e.g., Tattoo Parlor, Cannabis Dispensary, Vacant Building, **NOT TYPE OF COVERAGE**)  
 (C) Type of Insurance or Coverage Code: 051

Describe the diligent efforts made to place this coverage with admitted insurers by completing (A) or, if applicable, (B) below.

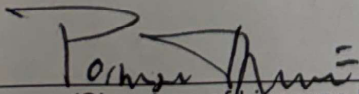
- ③ (A) List the insurers admitted in California who actually write the type of insurance described on lines 2(B) and 2(C) to which you or someone under your supervision submitted the risk described in lines 2(A) through 2(C). Please complete **ALL** sections of the table below.

INSURER ①		INSURER ②		INSURER ③	
NAIC ID	MONTH, YEAR OF DECLINATION	NAIC ID	MONTH, YEAR OF DECLINATION	NAIC ID	MONTH, YEAR OF DECLINATION
24015	03/2026	26379	03/2026	19879	03/2026
<b>FULL NAME OF ADMITTED INSURER</b>		<b>FULL NAME OF ADMITTED INSURER</b>		<b>FULL NAME OF ADMITTED INSURER</b>	
Northland Insurance Company		Accredited Surety and Casualty Company Inc		Security National Insurance Company	
<b>CONTACT INFORMATION</b>		<b>CONTACT INFORMATION</b>		<b>CONTACT INFORMATION</b>	
<b>FULL NAME</b>		<b>FULL NAME</b>		<b>FULL NAME</b>	
Kristin Young		Ben Aromeh		Lucinda Johnson	
<b>PHONE / EMAIL</b>		<b>PHONE / EMAIL</b>		<b>PHONE / EMAIL</b>	
720-282-2523		312-575-9296		561-571-3419	
<b>OR WEBSITE</b>		<b>OR WEBSITE</b>		<b>OR WEBSITE</b>	

(B) If you did not list at least three insurers in 3(A) above, describe in detail how you determined that fewer than **THREE** admitted insurers write the type of insurance described on lines 2(B) and 2(C).  
 \_\_\_\_\_

- ④ Is the type of insurance you are reporting as identified in line 2(C) **private passenger automobile liability or health**? Yes  No   
 If you answered "yes," please complete the Diligent Search Report Addendum.

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.



(Signature of Licensee Named on Line 1)

03/06/2026

(Date)