

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2, and the attached current California Export List for assistance in completing this form.

Please check ONE box only:

The following information, accompanied by a copy of the declarations page or certificate or binder, is submitted for an insurance coverage or risk listed on the current California Department of Insurance Export List. (California Insurance Code Section 1763.1)

The following information, accompanied by a copy of the declarations page or certificate or binder, and a fully executed copy of the diligent search report (SL-2 Form), is submitted in accordance with California Insurance Code Section 1763(a).

1. Parmjit Dhami hereby submits that he/she is:

(A) a duly licensed surplus line broker, license number 0K71435; or,

(B) a transactor on the surplus line license of _____
(Name of Organization)

(C) _____ and,
(License Number)

that he/she or said organizational licensee was engaged by the insured, or the insured's broker, named herein, to obtain insurance against certain risk as described in this report.

2. RISK DESCRIPTION

(A) Name of Insured Down To Freight Inc DBA DTF

(B) Address of Insured 1948 Toscana Ln,
(Street and Number)
Ceres CA 95307
(City) (State) (Zip Code)

(C) Description of the Risk Trucking for hire
(e.g. Laundromat, Liquor Store, **NOT TYPE OF COVERAGE**)

(D) Location of the Risk 1948 Toscana Ln,
(Street and Number)
Ceres CA 95307
(City) (State) (Zip Code)

(E) Export List Code OR Coverage Code 8000 Auto Liability - Commercial - Automobiles
(Coverage Codes listed on Page Two; Export List Codes listed on Export List)

3. PLACEMENT DESCRIPTION

List Nonadmitted Insurer(s) Underwriting This Policy with % of Premium. (Include an attachment if additional space is needed or attach a line slip) **If GAP provision applies, please include GAP Exemption Form-Attachment.**

<u>NAME OF NONADMITTED INSURER(S)</u>	<u>% OF PREMIUM</u>
<u>Knight Specialty Insurance Company</u>	<u>100 %</u>
_____	_____
_____	_____


(Signature of Person Named on Line 1)

03/06/2026
(Date)