

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 Dhami, 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 _____

(A) Name of Insured: Kamboi Trucks Inc.

(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	10/2025	26379	10/2025	19879	10/2025
FULL NAME OF ADMITTED INSURER		FULL NAME OF ADMITTED INSURER		FULL NAME OF ADMITTED INSURER	
Northland Insurance Company		Accredited Surety and Casualty Company Inc		Security National Insurance Company	
CONTACT INFORMATION		CONTACT INFORMATION		CONTACT INFORMATION	
FULL NAME		FULL NAME		FULL NAME	
Kristin Young		Ben Aromeh		Lucinda Johnson	
PHONE / EMAIL		PHONE / EMAIL		PHONE / EMAIL	
720-282-2523		312-575-9296		561-571-3419	
OR WEBSITE		OR WEBSITE		OR WEBSITE	

(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

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.

Peter Masi

(Signature of Licensee Named on Line 1)

10/16/2025

(Date)