

**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 OK71435 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 GREENWAY TRANSPORT1 INC

(B) Address of Insured 5856 East Fancher Creek Drive  
(Street and Number)  
Fresno CA 93727  
(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 5856 East Fancher Creek Drive  
(Street and Number)  
Fresno CA 93727  
(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)

10/10/2025  
(Date)