

## 2017 ANNUAL REPORT – HHG CARRIERS

### INSTRUCTIONS/CHECK SHEET

#### 1. CARRIER MUST MAIL THE FOLLOWING TO THE PUBLIC STAFF'S TRANSPORTATION RATES DIVISION FOR DELIVERY BY APRIL 30, 2018. *(Keep a copy of the submitted forms for your records)*

- \_\_\_\_\_ 1. **TWO** fully completed forms with original, notarized signatures in the Verification sections on Page 1 and Page 4 of the Annual Report.
- \_\_\_\_\_ 2. **TWO** original Certificates of Insurance (COI) for General Liability, Cargo, and Vehicle Liability. The COI must also note proof of warehouse insurance coverage for carriers providing storage-in-transit. (Please check with your insurance agent to obtain this information).
- \_\_\_\_\_ 3. **ONE** copy of the completed Cargo Claims Log Form – when applicable.  
(Also available in the MRT on Page 76)

#### 2. EACH PRINCIPAL MUST SUBMIT A PROPERLY COMPLETED AND NOTARIZED UPDATE FORM FOR VERIFICATION OF CRIMINAL HISTORY AND CITIZENSHIP/EMPLOYMENT AUTHORIZATION, DIRECTLY TO NICK JEFFRIES AT: 4325 MAIL SERVICE CENTER, RALEIGH, NC 27699-4300, BY APRIL 30, 2018. *Please keep a copy of the Update Form for your records.*

#### 3. FILLING OUT FORMS – ANNUAL REPORT, CERTIFICATE OF INSURANCE, & CLAIMS LOG

- \_\_\_\_\_ All information entered on the Annual Report must be printed in **black ink or typed** (no pencil). Verification of the certificated name and C number may be found at <http://www.ncuc.net/consumer/carriers.pdf>. The T number may be found on the regulatory fee reports.
- \_\_\_\_\_ The two Annual Report forms must have **original signatures** by the designated carrier official as described in the Verifications on Page 1 and Page 4. The two forms should be **properly notarized** showing the **same signing date** for both the official and the notary.
- \_\_\_\_\_ If there is nothing to report for a particular field, enter zero or N/A (“not applicable”); there should be **no empty lines** on the form. If the information is not available, enter “NOT AVAIL” and provide an explanation in Section VII on Page 3.
- \_\_\_\_\_ Monetary entries throughout the report should be shown in **whole dollars**, even if reported in dollars and cents on the quarterly regulatory fee reports.
- \_\_\_\_\_ The **Certificate Holder** section of the Certificates of Insurance (COI) for General Liability, Cargo, and Vehicle Liability and Warehouse coverage, if applicable, should be completed by the insurance agent to read as follows: NC Utilities Commission, 4325 Mail Service Center, Raleigh, NC 27699-4300. Please note that the Commission is **NOT** an additional insured on the COI.
- \_\_\_\_\_ The **insured's name** (i.e., carrier's name) on the COI should be exactly as shown on the certificate issued by the Commission. The certificated name can be found at <http://www.ncuc.net/consumer/carriers.pdf>
- \_\_\_\_\_ The **Cargo Claims Log Form** should list only cargo losses and damages for jurisdictional moves; carriers do not need to report property damage. Carrier may refer to an attachment only if the attachment contains the same columns as the Cargo Claims Log Form. If no claims are shown on Line 19, no Cargo Claims Log Form is required.

## ADDITIONAL INFORMATION

### 4. “JURISDICTIONAL INTRASTATE HHG OPERATING REVENUE” CLARIFIED

In Section I on Page 2 of the Annual Report, “Jurisdictional Intrastate HHG Operating Revenue” will include all intrastate (in-state) movement of household goods moves governed by the MRT. Do not include information from **non-jurisdictional moves**, such as interstate, international, military, retail deliveries, office and commercial, general freight or commodities, and moves conducted entirely within a gated community. Revenue from permanent storage and labor-only services also should not be included.

### 5. IF NO JURISDICTIONAL HHG OPERATIONS WERE CONDUCTED or IF CARRIER HAS BEEN GRANTED AN AUTHORIZED SUSPENSION

If the reporting carrier did not conduct any regulated household goods moves during the reporting year, complete the cover page and Page 1. **On Pages 2 and 3, legibly enter, “NO OPERATIONS,” across the entire page or enter zero in each individual line for both pages.** Carriers holding an authorized suspension must continue to file timely regulatory fee reports and annual reports to maintain their certificates. The Certificates of Insurance are not required of carriers holding an authorized suspension.

### 6. ADDITIONAL COPIES OF FORMS

If the reporting carrier needs **additional copies** of the annual report forms, they can be acquired in the following two ways:

- Contact the Transportation Rates Division
- Print the forms by accessing the Transportation Rates Division website at:  
<https://publicstaff.nc.gov/transportation/transportation-info-providers>

### 7. QUESTIONS

If there are questions concerning this Annual Report or the Annual Report filing requirements established by the Commission, please contact the Public Staff’s Transportation Rates Division at (919) 733-7766 or via email @ [Tracy.Hodge@psncuc.nc.gov](mailto:Tracy.Hodge@psncuc.nc.gov) or [Krishna.Rajeev@psncuc.nc.gov](mailto:Krishna.Rajeev@psncuc.nc.gov).

# 2017 ANNUAL REPORT

*of*

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Carrier's Name as shown on Certificate issued by NC Utilities Commission

C- \_\_\_\_\_  
Certificate of Exemption Number

T- \_\_\_\_\_  
Docket Number

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Current Mailing Address

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City

State

Zip Code

( ) \_\_\_\_\_

Phone number

\_\_\_\_\_ Email address

*to the*

## NORTH CAROLINA UTILITIES COMMISSION

**For the year ended December 31, 2017**

**Two (2) original forms with two (2) original Certificates of Insurance for General Liability, Cargo, and Vehicle Liability and Warehouse coverage, if applicable, along with one (1) copy of the completed Cargo Claims Log Form should be mailed or delivered to the following for arrival by April 30, 2018:**

TRANSPORTATION RATES DIVISION  
PUBLIC STAFF – NC UTILITIES COMMISSION  
4326 MAIL SERVICE CENTER  
RALEIGH, NC 27699-4300

For Fed-Ex or UPS Send to:

430 NORTH SALISBURY STREET (DOBBS BUILDING, ROOM 5060)  
RALEIGH, NC 27603-5919

**CARRIER SHOULD RETAIN ONE COPY OF ITS MAILING FOR ITS OWN RECORDS.**

## GENERAL INFORMATION -- 2017

1. FILING STATUS: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership  
\_\_\_\_\_ Individual (Sole Proprietor) \_\_\_\_\_ LLC
2. Officer, owner, or partner to whom correspondence or questions are to be addressed:

\_\_\_\_\_  
Name (print) Title/Position

(\_\_\_\_\_) \_\_\_\_\_  
Phone number Fax number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Website address

3. Accounting records are maintained at the following address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Phone Number

### VERIFICATION UNDER OATH REGARDING ACCURACY OF REPORT

(NOTE: This verification shall be completed by the chief executive officer, a senior level financial officer, or the responsible accounting officer.)

I, \_\_\_\_\_ (print name), state and attest that the attached

Annual Report is filed on behalf of \_\_\_\_\_  
(print full Certificated Name of Household Goods Carrier) as required by the North Carolina Utilities Commission; that I have reviewed said Report and, in the exercise of due diligence, have made reasonable inquiry into the accuracy of the information provided herein; and that, to the best of my knowledge, information, and belief, all of the information contained herein is accurate and true, no material information or fact has been knowingly omitted or misstated herein, and all of the information contained in said Report has been prepared and presented in accordance with all applicable North Carolina General Statutes, Commission Rules, and Commission Orders. (Note: Failure to provide information required by the Commission is punishable by criminal prosecution pursuant to NC General Statute 62-326, and refusal to obey Commission rules or orders may result in a fine under NC General Statute 62-310.)

\_\_\_\_\_  
Signature of Person Making Verification Title

\_\_\_\_\_  
Subscribed and sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name of Notary

My Commission Expires: \_\_\_\_\_

**OPERATIONS REPORT – 2017**     T-\_\_\_\_\_

**Section I.    JURISDICTIONAL INTRASTATE HHG OPERATING REVENUE**

- 1.    Weight/Distance moves (MRT Section III)                                 \$ \_\_\_\_\_
- 2.    Hourly moves (MRT Section II)     \$ \_\_\_\_\_
- 3.    Packing and Accessorial (MRT Sections I & IV/Valuation)                     \$ \_\_\_\_\_
- 4.    **Total NC jurisdictional revenue (should match Line 18 below):** \$ \_\_\_\_\_

**Section II.    OPERATING STATISTICS**

(Jurisdictional intrastate NC weight/distance and hourly moves only)

- 5.    Number of regulated weight/distance moves performed                                 \_\_\_\_\_
- 6.            Total bill of lading miles     \_\_\_\_\_
- 7.            Total bill of lading weight (in pounds)     \_\_\_\_\_
- 8.    Number of regulated hourly moves performed     \_\_\_\_\_
- 9.            Total hours billed     \_\_\_\_\_
- 10.    **TOTAL NUMBER OF REGULATED MOVES PERFORMED** (Lines 5 plus 8) \_\_\_\_\_
- 11.    Number of each type of estimate for moves performed:
  - a) Non-binding (written):     \_\_\_\_\_
  - b) Binding (Not-to-Exceed and Guaranteed) (written):     \_\_\_\_\_
  - c) No written estimate:     \_\_\_\_\_
  - d) Total (should match Line 10 above)     \_\_\_\_\_
- 12.    Number of each type of valuation applicable for moves performed:
  - a) Basic: (\$0.60/lb./ article – No charge)     \_\_\_\_\_
  - b) Full Value: (Customer charged \$0.75/\$100 of value)     \_\_\_\_\_
  - c) Total (should match Line 10 above)     \_\_\_\_\_
- 13.    Do you own a warehouse or have a long-term lease for storage? (Y/N)                                 \_\_\_\_\_  
If yes, please attach proof of warehouse insurance coverage.

**Section III.    JURISDICTIONAL REVENUES SHOWN ON LINE 1 OF QUARTERLY REGULATORY FEE REPORTS FILED DURING CALENDAR YEAR 2017**

- 14.    Quarter ended March 31, 2017:     \$ \_\_\_\_\_
- 15.    Quarter ended June 30, 2017:     \$ \_\_\_\_\_
- 16.    Quarter ended September 30, 2017:     \$ \_\_\_\_\_
- 17.    Quarter ended December 31, 2017:     \$ \_\_\_\_\_
- 18.    **Total for 2017 (should match Line 4 above):**     \$ \_\_\_\_\_

**Section IV. CLAIMS INFORMATION T-\_\_\_\_\_**

Claims reported to the Commission are for NC jurisdictional HHG moves only; see the Instructions/Check Sheet for clarification. A properly identified **Cargo Claims Log Form must be attached** unless no claims were filed. Show **cargo claims only**; property damage claims are not subject to the provisions of the MRT.

		<u>For Reporting Year</u>			
		<u>Unsettled Claims at</u>	<u>Claims</u>	<u>Claims</u>	<u>Unsettled Claims</u>
		<u>Beginning of Year</u>	<u>Filed</u>	<u>Settled</u>	<u>at End of Year</u>
		(a)	(b)	(c)	(d)
19.	Number of loss and damage claims	_____	_____	_____	_____
		(a) + (b) - (c) = (d)			
20.	Total dollar amount of claims in Line 19 (Monetary amounts coincide with the number on Line 19 immediately above.)	\$ _____	\$ _____	\$ _____	\$ _____

**Section V. NC EMPLOYEE DATA**

- 21. Number of full-time NC employees during year (use the W-2 form address to determine NC status) \_\_\_\_\_
- 22. Number of full-time NC contract workers during the year (use the 1099 form address to determine NC status) \_\_\_\_\_
- 23. Total salaries and wages paid to full-time NC employees and contract workers (i.e., W-2 & 1099 forms recipients shown on Lines 21 & 22) \$ \_\_\_\_\_

**Section VI. PROOF OF MANDATORY INSURANCE**

The Commission requires HHG carriers to maintain minimum insurance coverage in the following amounts: General Liability - \$50,000; Cargo - \$35,000/\$50,000; and Vehicle Liability - \$100,000/\$300,000/\$50,000 for vehicles with a gross vehicle weight (GVW) of less than 26,000 lbs. (for GVW of 26,001 lbs. or over, the amount is \$750,000). **Two original Certificate(s) of Insurance showing proof of each type of coverage in the full certificated name should be provided with the annual reports.** Also, carriers providing storage-in-transit must file proof of warehouse insurance coverage with their annual report. **Please note that the Commission does not have a required minimum limit for warehouse insurance coverage due to the various capacities of each storage facility. However, the Commission does expect carriers to obtain adequate warehouse coverage for shipments being stored.** The certificate holder section on the Certificate of Insurance should be completed as noted below. Please note that the Commission is not an "additional insured;" the form will be unacceptable if that language appears on the Certificate of Insurance.

North Carolina Utilities Commission  
4325 Mail Service Center  
Raleigh, NC 27699-4300

**Section VII. EXPLANATION FOR FAILURE TO PROVIDE REQUESTED INFORMATION**

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**Section VIII. 2017 VERIFICATION OF PRINCIPALS**

**(An original, notarized copy of this page must be provided with each of the two annual reports.)**

CARRIER: \_\_\_\_\_  
Carrier's Name as shown on Certificate issued by NC Utilities Commission

CONTACT PHONE (\_\_\_\_\_) \_\_\_\_\_ T- \_\_\_\_\_

Clearly **PRINT** the full legal names of **all principals**, and **CIRCLE** the Yes or No answer to indicate whether or not the person is a United States' citizen. Principals are defined as follows: if a sole proprietorship, the owner; if a partnership, all partners; if a corporation, all officers and directors; and if an LLC, all member-managers and non-member managers.

Principal's Full Legal Name (First, middle, and last names including any suffix, i.e., Jr. Sr., II, III)	United States Citizen	
	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No

**VERIFICATION UNDER OATH REGARDING ACCURACY**

**(NOTE: THIS VERIFICATION SHALL BE COMPLETED BY THE CHIEF EXECUTIVE OFFICER OR A SENIOR LEVEL OFFICER)**

I, \_\_\_\_\_ **(print name)**, state and attest that the information given immediately above regarding the identity and citizenship of the principals is filed on behalf of \_\_\_\_\_

**(print the full Certificated Name of Household Goods Carrier)** as required by the North Carolina Utilities Commission; that I have reviewed said information, and in the exercise of due diligence, have made reasonable inquiry into the accuracy of the information; and that, to the best of my knowledge, information, and belief, the information is accurate and true.

Note: Providing false information to the Commission is punishable by fine and criminal prosecution pursuant to NC General Statutes 62-310 and 62-326.

\_\_\_\_\_  
Signature of Person Making Verification Title

\_\_\_\_\_  
Date

Subscribed and sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name of Notary

My Commission Expires: \_\_\_\_\_

FOR CALENDAR YEAR 2017

CARRIER: \_\_\_\_\_

CARGO CLAIMS LOG FORM

FILE #	DATE OF CLAIM	PERSON FILING CLAIM	CLAIM	ACTION TAKEN	DATE CLOSED