

2018 ANNUAL REPORT – HHG CARRIERS

INSTRUCTIONS/CHECK SHEET

1. **CARRIER MUST SUBMIT THE ANNUAL REPORT TO THE PUBLIC STAFF'S TRANSPORTATION RATES DIVISION BY APRIL 30, 2019. (Keep a copy for your records)**

ALL ANNUAL REPORT FORMS MAY BE DELIVERED VIA E-MAIL, FAX, OR MAIL.

- _____ a) **ONE** fully completed Annual Report form, including the cargo claims form (if applicable).
- _____ b) **ONE** notarized copy of the attached Report Verification Pages.
- _____ c) **ONE** Certificate of Insurance (COI) for General 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).

2. **EACH PRINCIPAL MUST SUBMIT A PROPERLY COMPLETED AND NOTARIZED PRINCIPAL UPDATE FORM FOR VERIFICATION OF CRIMINAL HISTORY AND CITIZENSHIP/EMPLOYMENT AUTHORIZATION. SEND DIRECTLY TO NICK JEFFRIES AT: 4325 MAIL SERVICE CENTER, RALEIGH, NC 27699-4300, BY APRIL 30, 2019.**

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

_____ All information entered on the Annual Report must be typed or printed in black ink (no pencil). Verification of certificated name and C number may be found at <https://www.ncuc.net/Industries/documents/carriers.pdf>. The T number may be found on the quarterly fee reports.

_____ The verification pages should be properly notarized ensuring the **same signature date** for both the official and the notary. If submitting the report via email, use your carrier name as the document file name. Include the completed Report Verification Pages as an attachment.

_____ 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 2.

_____ The **Certificate Holder** section of the Certificates of Insurance (COI) for General 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 (carrier name) on the COI should be exactly as shown on the certificate issued by the Commission. The certificate name can be found at: <https://www.ncuc.net/Industries/documents/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**. Carriers 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 Claim Log Form is required.

ADDITIONAL INFORMATION

4. “JURISDICTIONAL INTRASTATE HHG OPERATING REVENUE” CLARIFIED

In Section I on Page 1 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 notarized verification forms. **On Pages 1 and 2, 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 Certificate of Insurance is not required for 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 @ (919) 733-7766
- 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 or Krishna.Rajeev@psncuc.nc.gov.

2018 ANNUAL REPORT

Of

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

C- _____
Certificate of Exemption Number

T- _____
Docket Number

Current Mailing Address

City

State

Zip Code

Phone number

Email address of primary company contact

To the

NORTH CAROLINA UTILITIES COMMISSION

For the year ended December 31, 2018

The Annual Report Form, along with the Notarized Verification Pages, Certificate of Insurance for General Liability, and Warehouse coverage if applicable, should be E-mailed, Mailed, or Delivered by April 30, 2019:

E-mail: Transportation@psncuc.nc.gov

Fax: 919-733-0879

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 COPY OF REPORT FOR OWN RECORDS.

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 completed** 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 2018</u>			
		<u>Unsettled Claims at</u> <u>Beginning of Year</u>	<u>Claims</u> <u>Filed</u>	<u>Claims</u> <u>Settled</u>	<u>Unsettled Claims</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). **One copy of the General Liability Certificate of Insurance showing proof of coverage in the full certificated name should be provided with the Annual Reports.** 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

FOR CALENDAR YEAR 2018

CARRIER: _____

CARGO CLAIMS LOG FORM

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