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.

2. EACH PRINCIPAL MUST SUBMIT A PROPERLY COMPLETED AND NOTARIZED UPDATE FORM FOR VERTIFICATION 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.
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](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.
2017 ANNUAL REPORT

of

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

C- __________________________ T- __________________________
Certificate of Exemption Number Docket Number

____________________________
Current Mailing Address

____________________  ______________  ______________
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: __________________________
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

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.

<table>
<thead>
<tr>
<th>For Reporting Year</th>
<th>Unsettled Claims at Beginning of Year (a)</th>
<th>Claims Filed (b)</th>
<th>Claims Settled (c)</th>
<th>Unsettled Claims at End of Year (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Number of loss and damage claims</td>
<td>______________________</td>
<td>_______</td>
<td>_______</td>
<td>(a) + (b) - (c) = (d)</td>
</tr>
<tr>
<td>20. Total dollar amount of claims in Line 19</td>
<td>$_________________</td>
<td>$_______</td>
<td>$_______</td>
<td>$__________</td>
</tr>
</tbody>
</table>

(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
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

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FOR CALENDAR YEAR 2017

CARRIER: __________________________________________

CARGO CLAIMS LOG FORM

<table>
<thead>
<tr>
<th>FILE #</th>
<th>DATE OF CLAIM</th>
<th>PERSON FILING CLAIM</th>
<th>CLAIM</th>
<th>ACTION TAKEN</th>
<th>DATE CLOSED</th>
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THIS FORM IS PRESCRIBED BY THE NORTH CAROLINA UTILITIES COMMISSION