

2020 ANNUAL REPORT – HHG CARRIERS

INSTRUCTIONS

- 1. CARRIER MUST SUBMIT THE ANNUAL REPORT TO THE PUBLIC STAFF'S TRANSPORTATION RATES DIVISION BY APRIL 30, 2021. (Keep a copy for your records)
*ALL ANNUAL REPORT FORMS MAY BE SUBMITTED VIA E-MAIL, FAX, OR MAIL.***

- _____ a) **ONE** fully completed Annual Report form, including the cargo claims form (if applicable).
If submitting the report via email, use your carrier name as the attachment(s) file name.
- _____ b) **ONE** notarized copy of the attached **Report Verification Page**.
- _____ c) **ONE** Certificate of Insurance (COI) for General Liability. The COI must also note proof of warehouse insurance for carriers providing storage. (Verify with your insurance agent to obtain this information).

2. 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. The (T) Docket number may be found on the Quarterly Fee reports. For verification of certificated name and C#: <https://www.ncuc.net/Industries/documents/carriers.pdf>.

The Report Verification Page should be properly notarized, ensuring the **same signature date** for both the official and the notary. Include the notarized Verification Page as an attachment with the Annual Report.

If there is nothing to report for a particular field, enter zero or N/A (“not applicable”); 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 NCUC certificate.

The **Cargo Claims Log Form** should only list 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, Claims Log Form is not required.

3. “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.

4. 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 COI is not required for carriers holding an authorized suspension.

- 5. If there are questions concerning this report or the filing requirements established by the Commission, contact the PS Transportation Rates Division at (919) 733-7766 or Transportation@psncuc.nc.gov**

2020 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

Primary Company Email Address

To the

NORTH CAROLINA UTILITIES COMMISSION

For the year ended December 31, 2020

The Annual Report Form, along with the Notarized Verification Page, Certificate of Insurance for General Liability, and Warehouse coverage if applicable, should be E-mailed, Mailed, or Faxed by April 30, 2021:

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

Via 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.

OPERATIONS REPORT – 2020 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** (Line 5 + 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** (Line 11 A+B+C: 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** (Line 12 A+B: 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 2020

- 14. Quarter ended March 31, 2020: \$_____
- 15. Quarter ended June 30, 2020: \$_____
- 16. Quarter ended September 30, 2020: \$_____
- 17. Quarter ended December 31, 2020: \$_____
- 18. **Total for 2020** (Line 14+15+16+17: 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 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 2020</u>			
		<u>Unsettled Claims at Beginning of Year</u>	<u>Claims Filed</u>	<u>Claims Settled</u>	<u>Unsettled Claims 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 Report.** 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 2020

CARRIER: _____

CARGO CLAIMS LOG FORM

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