ANNUAL REPORT INSTRUCTIONS – HHG CARRIERS

- 1. CARRIER MUST ELECTRONICALLY FILE ITS ANNUAL REPORT AT https://www.ncuc.gov in DOCKET NO. M-2 SUB 2025T WITH THE DESCRIPTION "2024 ANNUAL REPORT OF [NAME OF CARRIER]".
 - a) <u>A fully completed Annual Report Form</u>, including the cargo claims form (if applicable).

Please use your carrier name as the attachment(s) file name.

- **b)** <u>An electronically signed copy</u> of the attached **Report Verification Page**.
- □ c) <u>One</u> Certificate of Insurance (COI) for General Liability. Please do not electronically file the COI in the Commission's docket system. The COI must be mailed, emailed, or faxed to the Public Staff. The COI must also note proof of warehouse insurance for carriers providing storage. (Verify with your insurance agent to obtain this information).

2. FILING 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 <u>Quarterly Fee reports</u>. For verification of certificated name and C#, please refer to: https://www.ncuc.net/Industries/documents/carriers.pdf.

The Report Verification Page should be electronically signed by a company official. Include the 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 a vailable, enter "NOT AVAIL" and provide an explanation in Section VII on Page 2.

The Certificate Holder section of the Certificate 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 <u>not</u> 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 signed verification forms. <u>On Pages 1 and 2, enter, "NO OPERATIONS,"</u> 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.

If you need help electronically filing your organization's Annual Report, please contact the Chief Clerk's Office at (919) 733-7328. If you have any other questions concerning the report, contact the Commissions Transportation Division at (919) 733-4036 or njeffries@ncuc.gov.

NCUC FORM HHG-1 Common Carriers of Household Goods Revised Jan 2025

2024 ANNUAL REPORT

Of

Carrier's	Name as shown on Ce	rtificate issue	ed by NC Utilities	Commission
	Certificate of E	Exemption N	umber	
	Docket Numb	er		
	Curren	t Mailing Add	lress	
Cit	ty		State	Zip Code
Pho	ne number	Pri	mary Company I	Email Address
		To the		
	NORTH	I CARC	DLINA	
	NORTH	I CARC	DLINA	

UTILITIES COMMISSION

For the year ended December 31, 2024

The Annual Report Form, along with the Verification Page, should be filed electronically with the Commission in its docket system. All other docs: The Verification of Principals, Principals' criminal history and citizenship/employment authorization, Certificate of General Liability Insurance, and Warehouse insurance coverage if applicable, should be sent via e-mail: NJeffries@NCUC.gov or mail: North Carolina Utilities Commission, 4325 Mail Service Center, Raleigh, North Carolina 27699-4300, by April 30, 2025

CARRIER SHOULD RETAIN A COPY OF REPORT FOR OWN RECORDS.

	OPERATIONS REPORT – 2024	т
Sect	ion I. JURISDICTIONAL INTRASTATE HHG OPERATIN	G 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 bel	ow): \$
Sect	ion II. OPERATING STATISTICS (Jurisdictional intrastate NC wei	ght/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 perform	ned:
	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 storag If yes, please attach proof of warehouse insurance coverage.	e? (Y/N)
	ion III. JURISDICTIONAL REVENUES SHOWN ON LI ULATORY FEE REPORTS FILED DURING CALENDAR `	•
14.	Quarter ended March 31, 2024:	\$
15.	Quarter ended June 30, 2024:	\$
16.	Quarter ended September 30, 2024:	\$
17.	Quarter ended December 31, 2024:	\$

18. Total for 2024 (Line 14+15+16+17: Should match Line 4)

\$_____

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.

		For Reporting Year 2024			
19.	Number of loss	Unsettled Claims at <u>Beginning of Year</u> (a)	Claims <u>Filed</u> (b)	Claims <u>Settled</u> (c)	Unsettled Claims at End of Year (d)
	and damage claims				(a) + (b) – (c) = (d)
20.	Total dollar amount of claims in Line 19 (Monetary	\$ amounts coincide with t	\$ the number or	\$ 1 Line 19 imr	\$ mediately above.)
Secti	ion V. NC EMPLC	YEE DATA			
21.		NC employees during th ddress to determine NC	•		
22.		NC contract workers du address to determine N	0 /		
23.		ages paid to full-time No 1099 forms recipients s			\$

Section VI. PROOF OF MANDATORY INSURANCE

The Commission requires HHG carriers to maintain minimum insurance coverage in the following amounts: <u>General Liability</u> - \$50,000; <u>Cargo</u> - \$35,000/\$50,000; and <u>Vehicle Liability</u> - \$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 <u>not</u> 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

CARRIER:

CARGO CLAIMS LOG FORM

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

GENERAL INFORMATION – 2024

1. FILING STATUS:

CorporationIndividual (Sole Proprietor)

□ Partnership

2. Officer, owner, or partner to whom correspondence or questions are to be addressed:

Ν	ame (Print)		Title/Position
Р	hone Number		Website Address
3. Ac	Email Addre		address:
	Addres	S	
City			Phone

VERIFICATION 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.______(name), state and attest under penalty of perjury that the attached Annual Report is filed on behalf of _______(full Certificated Name of Entity) 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

Signature of Person Making Verification

Title

Date