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HOUSEHOLD GOODS MOTOR CARRIER QUARTERLY REPORT

Submission Date: _____

Check here if this is an amended report

Company Name: _____

Company Address:

(Street Name and Number)

(City)

(State)

(Zip)

Individual Point of Contact: _____

(Phone)

(Fax)

(Email)

(USDOT#)

(MC#)

Reporting Period: Year: ____ Quarter: 1st 2nd 3rd 4th

Summary of Complaint and Claim Information for the Reporting Period:

1. Number of shipments that originate and are delivered for individual shippers during the reporting period:

2. Number of oral and written complaints in these general categories that consumers lodged against the company:

A. Rates or Charges _____ B. Service _____ C. Loss and Damage _____

D. How Claims are Handled _____ E. Other _____

3. Number of claims filed with you for loss and damage in excess of \$500: ____

4. Number of claims for loss and damage in excess of \$500 settled during the reporting period: _____

5. Number of claims for loss and damage in excess of \$500 declined in the reporting period: _____

6. Number of claims for loss and damage in excess of \$500 pending at the close of the reporting period: _____