

FF000382

NATIONAL MOVERS FORWARDING  
CO., INC. 1979

FF 000382

# ANNUAL REPORT TO THE INTERSTATE COMMERCE COMMISSION

Freight Forwarders  
(Class B)

1979

Date Due: March 31, 1980

Annual Report Form  
F-2

Approved by GAO  
B-180230 (R0253)  
Expires 12-31-81

JUL 28 1980

MAIL UNIT

1. CORRECT NAME AND ADDRESS IF DIFFERENT THAN SHOWN (See instructions)

NATIONAL MOVERS FORWARDING  
CO., INC.  
PO Box 70  
RUTHERFORD, N.J. 07070

- NAME AND ADDRESS OF REPORTING CARRIER (Attach label from front cover on original, copy in full on duplicate)

2. State whether respondent is an individual owner, partnership, corporation, association, etc. CORPORATION
3. If a partnership, state the names and addresses of each partner including silent or limited, and their interests

Name	Address	Proportion of Interest
	N/A	

4. If a corporation, association or other similar form of enterprise, give the date and State of incorporation or organization:

Date: 1969 State of: NEW JERSEY

Give the names and titles of principal general officers:

Name: <u>JOSEPH HOLL</u>	Title: <u>PRESIDENT</u>
Name: <u>ARTHUR HOLL</u>	Title: <u>VICE PRESIDENT</u>
Name: _____	Title: _____

5. If respondent is a corporation or association, give for each of its five largest stockholders at close of year the following information:

Name	Address	Number of votes to which entitled
<u>JOSEPH HOLL</u>	<u>3 PINE HILL DRIVE</u> <u>UPPER SADDLE RIVER, N.J.</u>	<u>100</u>

6. Disclose fully any affiliation or connection of the forwarder with any rail, motor, or water carrier, or with any shipper that commonly uses the services of a freight forwarder:

N/A

7. Give the names of States in which traffic is originated and/or terminated:

NEW YORK, NEW JERSEY

### Schedule 13.—SUMMARY OF FREIGHT LOSS AND DAMAGE CLAIMS

This schedule was adopted by the Commission in No. 35345 (Sub-No. 2) July 1, 1977.

Approved by GAO Effective 12-23-77

Exclude from this schedule the revenues and claims incurred in connection with freight forwarder services and shipments which have a prior or subsequent movement by air. Line 1 should show all freight forwarder revenue in Account 501. Line 2 should show the number of claims paid during the year for robbery, theft and pilferage, and other shortage as defined below:

**Robbery** - Failure to deliver all or part of a shipment as the result of stealing, including hijacking, with the use of force or threat of force against a person or persons. Claims for physical damage to freight in the same or other shipments resulting from robbery should be reported under Robbery.

**Theft and Pilferage** - Failure to deliver all or part of a shipment as the result of known stealing, or under circumstances indicating the probable cause was stealing, without use of force or threat of force against a person or persons, when it is known the freight was in the carrier's custody. (Note: Claims for physical damage to freight in the same or other shipments resulting directly from theft or pilferage should be reported under Theft and Pilferage.)

**Other Shortage** - Failure to deliver all or part of a shipment for unknown reasons. This includes the unexplained disappearance of all or part of a shipment for reasons other than robbery or theft and pilferage as defined above.

Line 3 should show the number of all other claims paid in full or in part during the year not reported on line 2.

Line 4 should include the net dollar amount of claims paid during the year. This includes claims paid in full or paid in part, less amounts recovered from underlying carriers, salvage, insurance, and claim refund cancellations.

Line 5 show the ratio in percentage form (two decimal places).

Line No.	Item (a)		
1	Freight revenue (Account 501)	\$	55861
2	Number of theft related claims paid		0
3	Number of other claims paid		0
4	Net dollars paid (See instructions)	\$	0
5	Claims expense/revenue ratio (line 4 ÷ 1)		0%



8. Balance close of year: Total assets \$ 87385; Total liabilities \$ 79,961

Capital stock \$ 1000; Proprietor's capital \$ \_\_\_\_\_; Surplus \$ 6424

9. Give the amount of revenue from and expenses of forwarder operations during the year, classified as follows:

Revenue: From shippers \$ 55861; Others \$ \_\_\_\_\_ Total \$ 55861

Less: Transportation purchased \_\_\_\_\_ \$ 35603

Net forwarder revenue \_\_\_\_\_ \$ 20258

Expenses: Total expenses including taxes other than income taxes \_\_\_\_\_ \$ 20716

10. State the number of employees that were regularly employed during the year 2

11. Give a concise statement of important changes during the year affecting comparisons of returns in this report with report of previous years, such as transfer of ownership, leasing of property and equipment, location of operations, financial arrangements, etc.

12. Name, title, telephone number and address of the person to be contacted concerning this report:

NAME JOSEPH A. HOLL TITLE PRESIDENT  
TELEPHONE NUMBER 201 438-7300  
(Area code) (Telephone number)  
OFFICE ADDRESS PO Box 70 RUTHERFORD, NEW JERSEY 07070  
(Street and number) (City, State, and ZIP Code)

#### OATH

(To be made by officer having control of the accounting of the respondent)

State of \_\_\_\_\_

County of \_\_\_\_\_

JOSEPH A. HOLL makes oath and says that he is PRESIDENT  
(Insert here the name of the affiant) (Insert here the official title of the affiant)

of NATIONAL MOVERS FORWARDING CO., INC  
(Insert here the exact legal title or name of the respondent)

that it is his duty to have supervision over the books of account of the respondent and to control the manner in which such books are kept; that he has carefully examined the said report and to the best of his knowledge and belief the entries contained in the said report have, so far as they relate to matters of account, been accurately taken from the said books of account and are in exact accordance therewith; that he believes that all other statements of fact contained in the said report are true, and that the said report is a correct and complete statement of the business and affairs of the above-named respondent during the period of time from and including JANUARY 1, 1979, to and including DECEMBER 31, 1979

cluding \_\_\_\_\_  
(Signature of affiant)

Subscribed and sworn to before me, a Joseph A. Holl, in and for the State and county above named, this 22nd day of July, 1980. My Commission expires \_\_\_\_\_

Use an L.S.  
Impression  
Seal

PAUL KEMPF  
NOTARY PUBLIC OF N.J.  
My Commission Expires Oct. 9, 1983  
(Signature of officer authorized to administer oaths)

**FOLLOW ALL INSTRUCTIONS CAREFULLY**

1. Remove the mailing label from the cover and attach the label to the top of page 1 of the report form to be filed. The mailing label should NOT be altered. If the name and address on the mailing label are incorrect, insert your correct name, address, and FF number in the space provided to the left. The carrier mailing address is the company address where correspondence regarding accounting and reporting matters is to be directed, but not the address of any independent auditor or CPA.
2. All freight forwarders having average annual gross operating revenues of less than \$100,000 are required to file Form F-2. Three copies of this form should be filled out and two copies, the original of which must be the copy containing the mailing label, returned to the Bureau of Accounts, Interstate Commerce Commission, Washington, D. C. 20423, by March 31 of the year following the year for which the report is made. The remaining copy should be retained by the carrier for reference.
3. Unless otherwise explained, the carrier should report its entire operations for the year of the report. If operations are for less than a year, the report should so indicate under remarks.
4. Full and accurate replies should be made to all items and schedules. Money items should be shown in units of dollars.
5. Annual report form F-1 is prescribed for freight forwarders having average annual gross operating revenues of \$100,000 or more.
6. Inquiries concerning the reporting requirements or preparation of the report should be addressed to the Bureau of Accounts at the above address.