Public reporting burden for this collection of information is estimated to average 35 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Reporting of this information is mandatory and is required by the Labor-Management Reporting and Disclosure Act of 1959, as amended, for the purpose of public disclosure. As this is public information, there are no assurances of confidentiality. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to the U.S. Department of Labor, Office of Labor-Management Standards, Division of Interpretations and Standards, Room N-5609, 200 Constitution Avenue, NW, Washington, DC 20210.

**DO NOT SEND YOUR COMPLETED FORM S-1 TO THE ABOVE ADDRESS**

# INSTRUCTIONS FOR FORM S-1
# SURETY COMPANY ANNUAL REPORT

## GENERAL INSTRUCTIONS

### I. WHY FILE

The Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA), requires public disclosure of financial information from any surety company which issues a bond required by the LMRDA or the Employee Retirement Income Security Act of 1974 (ERISA). The Secretary, under the authority of the LMRDA, has prescribed the filing of the Surety Company Report, Form S-1, for surety companies to satisfy this reporting requirement.

### II. WHO MUST FILE

Form S-1 must be filed by any surety company having a bond in force which insures the following: (1) a welfare or pension plan covered by the ERISA; or (2) any labor organization or trust in which a labor organization is interested covered by the LMRDA. A single report for a group of surety companies will **not** be accepted.

### III. WHAT MUST BE REPORTED

Any surety company required to file Form S-1 must report financial information regarding its bond experience under the LMRDA and the ERISA, including premiums received, total claims paid, amounts recovered by way of subrogation, administrative and legal expenses, and related data and information.

### IV. WHO MUST SIGN THE REPORT

Both the president and the treasurer or corresponding principal officers of the surety company must sign the completed Form S-1. You do not need to have the report notarized.

### V. WHEN TO FILE

Each surety company required to file a report under the LMRDA must file Form S-1 within 150 days after the end of its fiscal year.

### VI. WHERE TO FILE

The completed Form S-1 and any required attachments and additional pages must be mailed to the following address:

U.S. Department of Labor
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5603
Washington, DC 20210

### VII. PUBLIC DISCLOSURE

Pursuant to the LMRDA, the U.S. Department of Labor is required to make all submitted reports available for public inspection. You may examine Form S-1 reports at, and purchase copies from, the Office of Labor-Management Standards (OLMS) Public Disclosure Room at the address listed in Section VI, or at the OLMS field office in whose jurisdiction the reporting organization is located. At the end of these instructions is a list of OLMS field offices.

### VIII. OFFICER RESPONSIBILITIES AND PENALTIES

The president and treasurer or corresponding principal officers of the surety company required to sign Form S-1 are personally responsible for its filing and accuracy. Under the LMRDA, these individuals are subject to criminal penalties for willful failure to file a required report and/or false reporting. False reporting includes making any false statement or misrepresentation of a material fact while knowing it to be false, or for knowingly failing to disclose a material fact in a required report or in the information required to be contained in it or in any information required to be submitted with it.

The reporting surety company and the officers required to sign Form S-1 are also subject to civil prosecution for violations of the filing requirements. Section 210 of the LMRDA provides that “whenever it shall appear that any person has violated or is about to violate any of the

provisions of this title, the Secretary may bring a civil action for such relief (including injunctions) as may be appropriate."

## IX. RECORDKEEPING

The individuals required to file Form S-1 are responsible for maintaining records which must provide in sufficient detail the information and data necessary to verify the accuracy and completeness of the report. You must retain the records for at least 5 years after the date the report is filed. You must retain any record necessary to verify, explain, or clarify the report including, but not limited to, vouchers, worksheets, receipts, and applicable resolutions.

Individuals are subject to penalties for willfully making any false entry in or concealing, withholding, or destroying any books, records, or statements required to be kept.

## X. COMPLETING FORM S-1

*Read these instructions carefully before completing Form S-1.*

**Information Entry.** Entries on the report should be typed or clearly printed in black ink. Do not use a pencil or any other color ink.

**Entering Dollars.** In all Items dealing with monetary values, report amounts in dollars only; do not enter cents. Round cents to the nearest dollar. Enter a single "0" in the boxes for reporting dollars if the surety company has nothing to report.

*Entering Dollars:*

$1,573,844 — do not enter cents

*Entering Zero:*

$_,_ _ _, _ _ 0

**Additional Pages.** If you need additional space to complete an item, enter the additional information on a separate letter-size (8.5 x 11) page(s), indicating the number of the item to which the information applies. Print clearly at the top of each attached page the following information: (1) full name of the surety company, (2) its file number as reported in Item 1 of Form S-1, and (3) the ending date of the reporting period as reported in Item 2. All attachments must be labeled sequentially 1 of_, 2of_,etc.

***NOTE**: Separate space is provided for reporting experience figures for "Honesty" and "Faithful Discharge" contracts.*

### PART I — IDENTIFICATION

**1. FILE NUMBER** — Enter the five-digit file number assigned by OLMS for the reporting surety company. Surety companies that filed a Form S-1 prior to October 2003 were assigned four-digit file numbers. OLMS has now expanded file numbers to five digits. Place a zero in front of your old four-digit file number to meet the new format requirement. For example, if your old file number was 1234, enter 01234 in Item 1 of this year's report. If you have never previously filed the Form S-1, leave this space blank.

**2. YEAR ENDING —** Enter the month, day, and year of the ending date of the fiscal year covered by this report.

**3. NAME OF SURETY COMPANY—** Enter the full legal name of the surety company filing this report.

**4. ADDRESS OF PRINCIPAL OFFICE—**Enter the complete address of the surety company where mail should be sent and received, including any building and room number.

**Special Instructions for Completing PARTS II and III**

- You must report the information on the basis of the following code classifications as described in the Fidelity Uniform Statistical Plan of the Surety Association of America:

**LMRDA**

Labor Unions - National or International Unions Only…….691

Labor Unions - Local Unions Only……...692

Labor Unions - National or International Unions including Local Unions Under a Single Policy……695

**ERISA**

Labor Unions - Health, Welfare and Pension Plans and Trusts of….....……697

Pension Retirement and Welfare Plans (non-profit) - Other Than Labor Unions……...……..872

- The figures you report should not reflect any reinsurance assumed or ceded.

### PART II — PREMIUM DATA

**5. DIRECT PREMIUMS WRITTEN—**Enter the Gross Premiums (including Co-Surety) written or renewed during the year, less Returns. *See Special Instructions above.*

**6. DIRECT PREMIUMS EARNED—**Enter the sum of the "Direct Premiums Written" and the Unearned Premium at the end of the preceding year less the Unearned Premium at the end of the current year.

**7. EXPENSES INCURRED-OTHER THAN LOSS ADJUSTMENT—**Enter the sum of the following items allocable to the premiums reported herein as reflected in

Part II of the Insurance Expense Exhibit filed under State law:

Line 6 - Commission and Brokerage incurred

Line 7 - Other Acquisition, Field Supervision and Collection Expenses Incurred.

Line 13 - General Expenses Incurred.

Line 14 - Taxes, Licenses, and Fees Incurred.

***NOTE:*** *Those amounts allocable to lines 7 and 13 may be in the proportion to total expenses of lines 7 and 13 that the premiums reported herein bear to total fidelity premiums.*

**8. PERCENT OF DIRECT PREMIUMS EARNED—** Calculate the percent of the direct premiums earned allocated to net losses by dividing the amount in Item 7 (Expenses Incurred – Other than Loss Adjustment) by the amount in Item 6 (Direct Premiums Earned). Enter the total in Item 8.

## PART III — LOSS DATA

**9. DIRECT LOSSES PAID—**Enter the losses paid on direct business only. The losses should not reflect adjustments for salvage.

**10. DIRECT LOSSES INCURRED—**Enter the sum of "Direct Losses Paid" and "Direct Losses Unpaid of the current year less Direct Losses Unpaid from the previous year. Include losses Incurred But Not Reported estimated on a basis of relationship to the total Fidelity line.

**11. DIRECT LOSS ADJUSTMENT EXPENSES INCURRED—**Enter the portion of Part II, Line 5, Column 20 of Insurance Expense Exhibit filed Under State law which is allocable to "Direct Losses Incurred."

**12. DIRECT SALVAGE RECOVERED—**Enter only the salvage recovered during the current year on "Direct Losses Paid" in the current or prior years (net as to any recovery expenses).

**13. NET LOSSES—**Calculate the net losses by adding the amount in Item 10 (Direct Losses Incurred) to the amount in Item 11 (Direct Loss Adjustment Expenses Incurred), then subtracting the amount in Item 12 (Direct Salvage Recovered). Enter the total in Item 13.

**14. PERCENT OF DIRECT PREMIUMS EARNED ALLOCATED TO NET LOSSES—**Calculate the percent of direct premiums earned allocated to net losses by dividing the amount in Item 13 (Net Losses) by the amount in Item 6 (Direct Premiums Earned). Enter the total in Item 14.

## PART IV—ITEMIZATION OF LOSSES REPORTED DURING YEAR

**15. REPORT INFORMATION FOR EACH LOSS FOR WHICH A NOTICE WAS RECEIVED DURING THE REPORT YEAR—**Complete Item 15 with reference to each Notice of Loss received during the report year involving a welfare or pension plan covered by the ERISA or involving any labor organization or trust in which a labor organization is interested, either of which is covered by the LMRDA. You must complete this Item whether or not such welfare or pension plan, labor organization, or trust is insured under a contract as reported in Parts II and III above.

**a. Date notice of loss received—**Enter the date (month, day, year) that you received notice of the loss. Enter either (1) the date Notice of Loss was received or (2) the date reserve was posted. The basis selected must be used for all such entries.

**b. Name and Address of Insured Sustaining Loss Organization Name—**Enter the full name and complete mailing address of the insured organization sustaining the loss, including Building and room number, if any.

**c. Bond Class Code—**Enter the Surety Association classification code to which loss is charged.

**d. Amount of Bond Coverage Available—** Enter the amount of the available bond coverage.

**e. Gross Loss to Insured (if known)—**Enter the gross loss of the insured, if known.

**f. Amount Paid to Insured in Report Year—**Enter the amount you paid to the insured during the reporting year.

**g. Amount of Salvage Recovered in Report Year—**Enter the amount of salvage recovered during the reportable year.

## ADDITIONAL INFORMATION AND SIGNATURES

**16. ADDITIONAL INFORMATION—**Enter any additional information necessary for completing an item. You must indicate the item to which the additional information applies.

**17-18. SIGNATURES—**The completed Form S-1 which is filed with OLMS must be signed by the president and treasurer, or corresponding principal officers, of the surety company. This report must bear **two (2)** signatures. If the report is signed by an officer other than the president and/or treasurer, so indicate in Items 17 and/or 18 by (1) crossing out the pre-printed officer title(s) and (2) inserting the appropriate officer title(s). You must have original signatures on the Form S-1 filed

with OLMS; stamped or mechanical signatures are not acceptable.

Enter the date the report was signed and the telephone number(s) used by signatories to conduct official business. You do not have to report a private, unlisted telephone number.

Contact the nearest OLMS field office listed below if you have questions about filing a surety company annual report.

***If You Need Assistance***

The Office of Labor-Management Standards has field offices located in the following cities to assist you if you have any questions concerning LMRDA and CSRA reporting requirements.

Atlanta, GA
Birmingham, AL
Boston, MA
Buffalo, NY
Chicago, IL
Cincinnati, OH
Cleveland, OH
Dallas, TX
Denver, CO
Detroit, MI
Fort Lauderdale, FL
Honolulu, HI
Kansas City, MO
Los Angeles, CA
Milwaukee, WI
Minneapolis, MN
Nashville, TN
New Orleans, LA
New York, NY
Philadelphia, PA
Phoenix, AZ
Pittsburgh, PA
St. Louis, MO
San Francisco, CA
Seattle, WA
Tampa, FL
Washington, DC

Copies of labor organization annual financial reports, employer reports, and labor relations consultant reports filed for the year 2000 and after can be viewed and printed at www.unionreports.gov. Copies of reports for the year 1999 and earlier can be ordered through the website.

Information about OLMS, including key personnel and telephone numbers, compliance assistance materials, the text of the LMRDA, and related Federal Register and Code of Federal Regulations (CFR) documents, is also available on the Internet at**:** http://www.olms.dol.gov.

Additionally, you can call the OLMS national office at (202) 693-0123 or email OLMS-Public@dol.gov.

(Technical Revisions 3/2015; 11/2016)