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**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.

#### **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. HOW TO FILE**

The Form S-1 must be completed and submitted electronically via the Office of Labor-Management

Standards (OLMS) [Electronic Forms System](#) (EFS), available on the OLMS website at [www.dol.gov/olms](http://www.dol.gov/olms). If you must file an amended report, follow the prompts within EFS.

**NOTE:** Upon registering with OLMS, the signatories and preparers must enter the email addresses they use to conduct business, in order to file the form via the OLMS Electronic Forms System. While the email addresses will not appear on the report, OLMS may use the email address of the signatories and any preparers to contact the surety company concerning LMRDA compliance.

If you have difficulty navigating the software, or have questions about its functions and features, call the OLMS Help Desk at: (866) 401-1109. For questions concerning the reporting requirements, please send an email to [OLMS-Public@dol.gov](mailto:OLMS-Public@dol.gov) or call (202) 693-0123.

**TEMPORARY HARDSHIP EXEMPTION:** If a surety company experiences unanticipated technical difficulties that prevent the timely preparation and submission of an electronic filing, the organization may assert a temporary hardship exemption to prepare and submit Form S-1 in paper format by the required due date. An electronic format copy of the filed paper format document shall be submitted to the Department within ten business days after the required due date. Unanticipated technical difficulties that may result in additional delays should be brought to the attention of OLMS which can be reached by email at [OLMS-Public@dol.gov](mailto:OLMS-Public@dol.gov) or by phone at (202) 693-0123.

**NOTE:** If either the paper filing or the electronic filing is not received in the timeframe specified above, the report will be considered delinquent.

#### **VII. PUBLIC DISCLOSURE**

Pursuant to the LMRDA, the U.S. Department of Labor is required to make all submitted reports

available for public inspection. Reports may be viewed and downloaded from the OLMS website at [www.unionreports.gov](http://www.unionreports.gov). For assistance, please email: [OLMS-Public@dol.gov](mailto:OLMS-Public@dol.gov) or call (202)693-0123.

### 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.*

The Form S-1 must be completed and submitted electronically. You may click on the “Validate” button at any time to check for errors. This action will generate an “Errors Page” listing any errors that will need to be corrected before you will be able to sign the form. Clicking on the signature lines will also perform the validation function.

**NOTE:** *Separate space will be available for reporting experience figures for “Honesty” and “Faithful Discharge” contracts.*

## PART I — IDENTIFICATION

1. **FILE NUMBER** —Enter the file number assigned by OLMS for the reporting organization here and at the top of each page of Form S-1. If you have any questions, email OLMS at [OLMS-Public@dol.gov](mailto:OLMS-Public@dol.gov) or call OLMS at (202) 693-0123.
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:
  8. Line 6 - Commission and Brokerage incurred
  9. 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 by entering the correct title in the title field next to the signature. Then you must Save and revalidate the form. Once the form has passed validation, then you must click to sign the report.

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.

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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 district offices located in the following cities to assist you if you have any questions concerning LMRDA and CSRA reporting requirements.

Atlanta-Nashville  
Boston-Buffalo  
Chicago  
Cincinnati-Cleveland  
Dallas-New Orleans  
Denver-St. Louis  
Detroit-Milwaukee  
Los Angeles  
Philadelphia-Pittsburgh  
New York  
San Francisco-Seattle Washington

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](http://www.unionreports.gov). Copies of surety reports filed for the year 2010 and after are also available online for viewing and downloading.

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.dol.gov/olms>.

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

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