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# LABOR ORGANIZATION FIDELITY BOND APPLICATION

**(LMRDA §502(a) / CSRA §7120 FIDELITY BOND)**

This Application is for labor organizations that must bond officers, employees and other representatives who handle funds or other property under Section 502(a) of the Labor-Management Reporting and Disclosure Act (LMRDA) or Section 7120 of the Civil Service Reform Act (CSRA). Bonds issued hereunder are written on a per-person basis with no deductible by a corporate surety listed in U.S. Treasury Circular 570.

- **Attach the Applicant's Constitution and Bylaws and its latest Form LM-2, LM-3 or LM-4.**
- **Employee benefit plans and trusts are not covered by this Application. Please submit the separate ERISA Fidelity Bond Application.**

## BOND

Type of Labor Organization Bond:
☐ **Blanket Form** (all officers, employees and representatives who handle funds)
☐ **Name Schedule Form** (attach list: name, position, location, amount of indemnity for each person)
☐ **Position Schedule Form** (attach list: title, location, number in each position, amount of indemnity)
☐ **Consolidated Form** (complete SCHEDULE A)

To become effective, or to be continued, as of noon on
**(MM/DD/YYYY)**

Limit basis: **per covered person** (statutory basis).
Excess per-loss limit also requested?
☐ **Yes** ☐ **No**
**$**

Retention: **$0.** No deductible or self-insurance is permitted on an LMRDA/CSRA bond.
Retention on excess per-loss coverage, if any
**$**

Premium payable:
☐ **Annually**
☐ **Three Years (Advance)**
☐ **Three Years (Installments)**

Is it desired that subordinate bodies or affiliates of the Applicant be included in the bond applied for?
☐ **Yes** ☐ **No**
If **Yes**, attach a schedule listing each affiliate's name, OLMS file number, funds handled and persons bonded. Each affiliate will be covered to the same extent as if bonded separately.

Does the Applicant have prior fidelity coverage to be superseded?
☐ **Yes** ☐ **No**
If **Yes**, complete PRIOR COVERAGE.

## APPLICANT

Name of Applicant (as it is to appear on the bond)

Principal Address

City / State / Zip Code

Employer ID Number

Phone Number

Email Address

Fiscal Year End (MM/DD)

Number of Members

Parent National / International & Affiliation

Applicant is a
☐ **National or International Union**
☐ **Subordinate unit of a National or International Union**
☐ **Independent / Unaffiliated Union**

If a subordinate unit, specify whether:
☐ **Regional** ☐ **District** ☐ **State**
☐ **Local Council** ☐ **Local Union**

Governing statute:
☐ **LMRDA** (private sector or U.S. Postal Service employees)
☐ **CSRA §7120** (federal employees)
☐ **Neither** (state/local public sector) — state law:

Annual report filed with OLMS:
☐ **LM-2** ☐ **LM-3** ☐ **LM-4** ☐ **None**
OLMS File Number:

Number of persons who handle or have custody of funds or other property: Total of whom compensated uncompensated officers / stewards

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## FUNDS HANDLED (LMRDA §502(a))

Funds handled during the preceding fiscal year ( FY ), computed per 29 CFR Part 453 and the OLMS bonding worksheet.

| | |
|---|---|
| **(a)** Liquid assets at the start of the fiscal year (cash, bank deposits, CDs, Treasuries, investments) | **$** |
| **(b)** Total receipts during the fiscal year (dues, per capita, fees, employer remittances, interest, other) | **$** |
| **(c)** Funds handled = (a) + (b) | **$** |
| **(d)** Minimum bond per person = 10% of (c), not more than $500,000 (organization with no preceding fiscal year: not less than $1,000 for a local union; not less than $10,000 for any other labor organization) | **$** |
| **(e)** Amount of indemnity requested per covered person (not less than (d)) | **$** |
| Does any single person handle funds other than the full amount in (c)? | ☐ **Yes** ☐ **No** If Yes, attach per-person list. |

## AUDIT PROTOCOLS & INTERNAL CONTROLS

| | |
|---|---|
| How frequently are audits made? | By whom? ☐ **CPA** ☐ **Public Accountant** ☐ **Elected Trustees (per constitution)** ☐ **Parent Body** ☐ **Other** (attach explanation)<br>Are all premises and affiliates audited? ☐ **Yes** ☐ **No** |
| Are bank statements received and reconciled by someone not authorized to sign, deposit or withdraw? ☐ **Yes** ☐ **No**<br>If **Yes**, how often? | Is countersignature of checks required? ☐ **Yes** ☐ **No**<br>If **No**, who signs the checks? |
| Is dual authorization required for ACH, wire and online banking transfers?<br>☐ **Yes** ☐ **No** ☐ **N/A** | Will securities be subject to joint control by two or more responsible persons?<br>☐ **Yes** ☐ **No** ☐ **None held** |

## DISHONESTY LOSSES (during the last six years)

Has the Applicant experienced any loss caused by fraud or dishonesty of an officer, employee or representative in the past 6 years? ☐ **Yes** ☐ **No**
If **Yes**, provide information below.

| | | |
|---|---|---|
| Date Loss Discovered | Position of Person Involved | Describe circumstances of Loss, and corrective measures taken (other than discharge) |
| Amount of Loss **$** | Recovered From Insurance **$** | |
| Date Loss Discovered | Position of Person Involved | Describe circumstances of Loss, and corrective measures taken (other than discharge) |
| Amount of Loss **$** | Recovered From Insurance **$** | |

| | |
|---|---|
| Has any fidelity or employee dishonesty coverage carried by the Applicant been declined, cancelled or non-renewed in the past 5 years by any insurer? ☐ **Yes** ☐ **No**<br>(Does not apply to Missouri applicants.) | If **Yes**, explain. |

■ Attach a separate sheet detailing any other losses during the last six years.

## PRIOR COVERAGE

| | | | |
|---|---|---|---|
| Name of Surety / Insurer | Form of Bond ☐ **Per person** ☐ **Per loss** | Limit of Indemnity **$** | Retention **$** |
| Agent / Broker | Expiration Date | Expiring Premium **$** | Bond / Policy Number |

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## SCHEDULE A (Consolidated Form applicants)

Schedule A covers every officer of the Applicant, elected or appointed; every person acting as dues collector, shop steward or shop chairman, whether or not compensated; every trustee or director while performing the usual duties of an employee or serving on a duly appointed committee; and every person in the regular compensated service of the Applicant. Excess indemnity on specific positions, or coverage of independent agents, may be requested on an attached schedule. Class 1 comprises all persons who handle or have custody of funds or other property of the Applicant, including in any event all occupants of the positions listed below.

| OFFICIALS | No. of Occupants | REPRESENTATIVES | No. of Occupants | ADMINISTRATION | No. of Occupants |
|---|---|---|---|---|---|
| **President** | | **Business Agent / Manager** | | **Executive Director** | |
| **Vice-President** | | **Organizer** | | **Controller / CFO** | |
| **Secretary-Treasurer** | | **Shop Steward** | | **Office Manager** | |
| **Financial Secretary** | | **Shop Chairman** | | **Bookkeeper** | |
| **Recording Secretary** | | **Dues Collector** | | **Cashier** | |
| **Treasurer** | | | | **Fund Administrator / Benefits** | |
| **Trustee** | | | | **PAC / Political Director** | |
| **Executive Board Member** | | | | **IT Staff with Banking Access** | |
| **Chairman / Director** | | | | **Other (describe)** | |
| **Other (describe)** | | | | | |

| Total number of persons on Schedule A (the Applicant's entire personnel handling funds as of the date of this Application) | Amount of indemnity per person under Schedule A<br>**$** |
|---|---|

## REGULATORY HISTORY

| | |
|---|---|
| Has the Applicant been subject to an OLMS compliance audit or investigation in the past 5 years? If **Yes**, attach the closing letter. | ☐ **Yes** ☐ **No** |
| Is the Applicant now, or has it been in the past 5 years, under trusteeship imposed by its parent body (LMRDA Title III)? | ☐ **Yes** ☐ **No** |

## REPRESENTATIONS (LMRDA §502(a))

| |
|---|
| ☐ **Confirmed** — Neither the Applicant, nor any labor organization, nor any officer, agent, shop steward or other representative of a labor organization has any direct or indirect interest in the agency or broker placing this bond or in the surety. |
| ☐ **Confirmed** — The Applicant understands the bond will be issued by a corporate surety holding a certificate of authority from the U.S. Department of the Treasury (Circular 570) as an acceptable surety on Federal bonds. |
| ☐ **Confirmed** — The Applicant will report funds handled at each fiscal year-end so that the bond may be amended whenever the amount required by law increases. |

## DECLARATION

**The undersigned, duly authorized by the Applicant's governing body, declares that all particulars herein and in any attachment are true and complete to the best of the Applicant's knowledge, that no information has been withheld or suppressed, and that this application and the terms and conditions of the bond form in use by the surety shall be the basis of any contract between the Applicant and the surety. The Applicant authorizes the surety to investigate any statement contained herein and to obtain the Applicant's LM reports from the Office of Labor-Management Standards.**

## AUTHORIZATION

Applicant Signature: _____ Agency / Broker:

Name (printed): Agent / Broker (individual):

Title: Address:

Date:

**This application does not commit the surety to any liability, nor does it make the Applicant liable for any premium, unless and until the surety agrees to effect this bond.**

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# FRAUD STATEMENTS

**NOTICE TO APPLICANTS**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

**ALABAMA**: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

**ARKANSAS**: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**COLORADO**: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

**DISTRICT OF COLUMBIA**: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

**FLORIDA**: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

**HAWAII**: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

**KENTUCKY**: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

**LOUISIANA**: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**MAINE**: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

**MARYLAND**: "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**NEW JERSEY**: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

**NEW MEXICO**: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

**NEW YORK**: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

**OHIO**: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

**OKLAHOMA**: "WARNING: Any person who knowingly, and with intent to injury, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

**PENNSYLVANIA**: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

**RHODE ISLAND**: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**TENNESSEE**: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**VIRGINIA**: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**WASHINGTON**: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

**WEST VIRGINIA**: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**PUERTO RICO**: "Any person who knowingly, and with the intention of defrauding, presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years."

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# WE'VE MADE IT EASY FOR YOU TO COMPLETE AND SUBMIT THIS APPLICATION

## TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

### For PRINT completion:

**1.** Print this PDF.
**2.** Complete the application with a black pen by legibly writing your responses in the applicable fields.
**3.** Use one of the following ways to submit the completed application:
- **a.** Scan, then email the pages to Underwriting@SuretyOne.com or your assigned underwriter
- **b.** Mail the pages to our Raleigh NC address (listed above)
- **c.** Fax the pages to 919-834-7039

### For DIGITAL completion:

**1.** Download this PDF to your computer.
**2.** Open the file in a PDF editor, such as Adobe Acrobat Reader (available for free at https://get.adobe.com/reader/).
**3.** Complete the application by typing and clicking your responses in the applicable fields.
**4.** Save your updated file to your computer by going to File > Save as…
**5.** Use one of the following ways to submit the completed application:
- **a.** Attach the PDF to an email, and send to Underwriting@SuretyOne.com or to your assigned underwriter
- **b.** Upload the PDF to the form on SuretyOne.com/contact-us

**Note: Incomplete applications may result in processing delays.**

## ABOUT THE LABOR ORGANIZATION FIDELITY BOND

Section 502(a) of the Labor-Management Reporting and Disclosure Act (LMRDA) and Section 7120 of the Civil Service Reform Act (CSRA) require every officer, agent, shop steward, representative or employee who handles funds or other property of a labor organization to be bonded against loss through fraud or dishonesty for not less than 10% of the funds handled during the preceding fiscal year, up to $500,000 per person. The bond must be written by a corporate surety listed in U.S. Treasury Circular 570, may not carry a deductible, and may not be placed through a broker or surety in which a union or union official has an interest. Surety One, Inc. places compliant labor union fidelity bonds on blanket, name schedule, position schedule and consolidated forms for national and international unions, locals, councils and independent unions, with recovery for each covered organization as if bonded separately. Excess per-loss coverage is available by endorsement. Bonds for employee benefit plans are written on our separate ERISA Fidelity Bond Application.

**References:** U.S. Department of Labor, OLMS — Bonding Requirements under the LMRDA and CSRA
29 CFR Part 453 — Bonding regulations
Surety One, Inc. — Fidelity bonds

We can help! Visit us at SuretyOne.com, call (800) 373-2804 or email us at Underwriting@SuretyOne.com to discuss your bond needs.

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