INSTRUCTIONS FOR SURETY REPORT

Make copies of original form for future reports.

Monthly Surety reports should contain the following pages:

SR1 - Surety Summary Page - required with each surety report
SR2 - Surety Bonds Written Page - if surety bonds have been written during the month
SR3 - Surety Bonds Discharged Page - if surety bonds have been discharged during the month
COLL - Collateral Received/Returned Page - if collateral has been received or returned during the month
RW - Rewrite Page - if the summary page indicates that the report contains rewrites.

Any collateral received or returned during the reporting month **must** be listed on the COLL page.

All reports must be properly completed and signed.

Additional instructions are found on each page of the attached form.
READ CAREFULLY!

If you should have any questions, please contact:

Bail Bond Division
Oklahoma Insurance Department
3625 NW 56th St, Suite 100
Oklahoma City, Oklahoma 73112-4511
1-800-522-0071
(405) 521-6610

NOTE: If you are not currently appointed with a surety company or if you have been canceled from a surety company and have discharged all of your outstanding liability, a Simplified Surety Report form (SSR) may be filed. If in the future you are appointed with a surety company, you must file your surety report on the original long form. If you are canceled from a surety company, you must continue filing your surety report using the long form until all outstanding liability is discharged.

(Rev 1/2011)

OKLAHOMA INSURANCE DEPARTMENT
Bail Bond Division

3625 NW 56th St, Suite 100
Oklahoma City, Oklahoma 73112-4511
(405) 521-6610

MONTHLY SURETY BONDSMAN REPORT

For the month ending _____, 20_____.

Name: _____ License Number: _____

Address: _____ Phone Number: _____

_____ Resident County: _____

Other Counties License Filed In: _____

Managing General Agent Name: _____

SURETY COMPANY: _____

Agent's Liability by Contract: _____

Build Up Fund is Maintained & Located at: _____

1. Current Beginning Liability (Balance Brought Forward): $_____

2. New Bonds Written This Month:

County/Municipality	*Amount*
_____	$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2a. Total New Bonds Written: **$** _____

3. Bonds Discharged This Month:

County/Municipality	*Amount*
_____	$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3a. Total Bonds Discharged: $ _____

4. **Total Remaining Outstanding Liability** (Line 1 + Line 2a - Line 3a) $ _____

5. Premium Charged _____

6. Total Liabilities Collateralized This Month _____

7. Balance in Build Up Fund Last Report _____

8. Contributions to Build Up Fund This Report _____

9. Total Balance in Build Up Fund _____

REVIEWAL FEE DUE:
If no rewrites, use page SR1, Line 2a x .002 -or-

If rewrite pages attached, use page RW, Line 4 x .002 _____

I, _____, surety bondsman, acknowledge that the attached report for the month and year of _____, 20_____, consisting of _____ pages, is true and accurate and reports all bonds written and discharged during the above month.

_____ _____ _____

Surety Bondsman's Signature Date Name of Person Preparing Report *(print or type)*

Enclosed Check # _____ **in the amount of $** _____.

❑ Yes ❑ No Rewrite pages attached.

Surety Bonds Written

Surety Bondsman Name: _____ License Number: _____ Month/Year: _____

Surety Company: _____ County/Municipality: _____

I report execution of the following bonds written in the State of Oklahoma, *listed by County/Municipality*, in my capacity as a surety bondsman.

NAME OF DEFENDANT	DATE OF BIRTH	CASE NUMBER	CHARGE	AMOUNT OF BOND	BOND POWER NUMBER	DATE BOND WRITTEN	PREMIUM CHARGED	SECURITY OR COLLATERAL RECEIVED	DEPT USE ONLY
INSTRUCTIONS: Complete a separate form for each county or municipality. Use additional pages as needed. *The monthly total is to be inserted on the last page only for **each** county/municipality.					XXXXXXX	XXXXXXX		← Sub-total per page	
					XXXXXXX	XXXXXXX		**⇦ Monthly Total for County or Municipality***	

Surety Bonds Discharged

Bail Bondsman's Name: _____ License Number: _____ Month/Year: _____

Surety Company: _____ County or Municipality on this Page: _____

NAME OF DEFENDANT	CASE NUMBER	BOND POWER NUMBER	DATE BOND WRITTEN	DATE OF TERMINATION	AMOUNT OF BOND	REASON FOR DISCHARGE
INSTRUCTIONS: Complete a separate form for each county or municipality. Use additional pages as needed. *The monthly total is to be inserted on the last page only for **each** county/municipality.						← Sub-total per page
						⇦ Monthly Total for County or Municipality*

Page _____ of _____

SR3 (Rev 1/11)

Collateral Received

Bail Bondsman: _____ Month/Year: _____

License Number: _____ Surety Company: _____

NAME OF DEFENDANT	CASE NUMBER	DATE OF BOND	DESCRIPTION OF COLLATERAL	LOCATION OF COLLATERAL

Collateral Returned

NAME OF DEFENDANT	CASE NUMBER	DATE OF BOND	DESCRIPTION OF COLLATERAL	DATE COLLATERAL RETURNED

REWRITES

Bail Bondsman: _____ Month/Year: _____

License Number: _____ Surety Company: _____

NAME OF DEFENDANT	CASE NUMBER	P/B	ORIGINAL BOND AMOUNT	D/P	POWER NUMBER	R/D	(+) INCREASE AMOUNT	(-) DECREASE AMOUNT	(0) SAME (✓)	P/B	NEW BOND AMOUNT	D/P	POWER NUMBER

$ _____ $ _____

1)Total Liability Written This Report: $ _____

2)Less Total New Bond Amount: - $ _____

3)Plus Increase Amount Only: + $ _____

4)Reviewal Fee Liability Amount: = $ _____ x .002 = $ _____

P/B – Posting Bondsman (Initials)
D/P - Monthly Report Written Bond actually reported on.
R/D - Monthly Report Discharged Bond actually reported on.