

**U.S. SMALL BUSINESS ADMINISTRATION
 SURETY BOND GUARANTEE UNDERWRITING REVIEW**

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|---|--------------------|--|--|---|---|
| SURETY COMPANY | | CONTRACTORS BUSINESS NAME & ADDRESS (Inc. County & Zip) | | | |
| AGENCY / BRANCH OFFICE NAME | | | SBG NUMBER | | |
| PART 1: CONTRACTOR BUSINESS INFORMATION (COMPLETED WITH INITIAL APPLICATION AND ANNUALLY) | | | | | |
| TYPE OF BUSINESS | | | NAICS CODE | | |
| TYPE OF CONTRACTUAL WORK THIS FIRM HAS DONE PREVIOUSLY | | | | | |
| LARGEST PREVIOUS CONTRACT SUCCESSFULLY UNDERTAKEN? \$ | | LARGEST PREVIOUS WORK PROGRAM SUCCESSFULLY UNDERTAKEN? \$ # OF JOBS | | ANY DISPUTES/DEFAULTS? If "Yes" Include YES NO comments | CURRENT PROJECTS ON SCHEDULE? If "No" Include YES NO comments |
| CONTRACTOR EVER FAILED TO COMPLETE JOB? YES NO IF "YES" INCLUDE COMMENTS | | | HAS CONTRACTOR EVER DEFAULTED ON A CONTRACT FORCING A SURETY TO SUFFER A LOSS? YES NO IF "YES" INCLUDE COMMENTS | | |
| CONTRACTOR HAVE ADEQUATE EQUIPMENT? YES NO | | | | | |
| CONTRACTOR TAXES CURRENT? YES NO IF "NO" INCLUDE COMMENTS | | CONTRACTOR INSURANCE COVERAGE SUFFICIENT? YES NO | | CONTRACTOR PREVIOUSLY BONDED? YES NO | |
| LARGEST CONTRACT AMOUNT BONDED AND SUCCESSFULLY COMPLETED? \$ | | | WITH WHAT SURETY/SURETIES? | | |
| HISTORY OF AND REASONS FOR SURETY CHANGES? | | | | | |
| CONTINUATION SHEETS PROVIDED? YES NO | | | RESUME(S) OF OFFICERS, OWNERS AND/OR KEY EMPLOYEES ON FILE? YES NO | | |
| CONTRACTOR'S QUESTIONNAIRE ON FILE? YES NO | | | BUSINESS PLAN ON FILE? YES NO | | |
| INDEMNITIES POSTED? (Company & Personal) YES NO | | IF "NO" INCLUDE COMMENTS | | IF "YES" ATTACH COPIES OF INDEMNITY AGREEMENTS AND PERSONAL FINANCIAL STATEMENTS ON ALL INDEMNITORS (Including those of third parties unless previously submitted to SBA) | |
| DOES SURETY RECOMMEND FINANCIAL / MANAGEMENT / TECHNICAL ASSISTANCE BY SBA? YES NO IF YES, WHAT TYPE & WHY? | | | | | |
| PART 2: CONTRACTOR FINANCIAL INFORMATION AND WORK IN PROCESS (Completed with initial application and as required by SBA) | | | | | |
| CURRENT COMPANY FINANCIAL STATEMENT ON FILE? YES NO | | | CURRENT PERSONAL FINANCIAL STATEMENT ON FILE? YES NO | | |
| DATE OF FINANCIAL STATEMENTS | | FISCAL YEAR ENDS | FINANCIAL STATEMENT PREPARED BY WHOM? | | |
| F/S SHOW DISCLAIMER? YES NO | | TYPE OF FINANCIAL STATEMENT CASH SAMPLE ACCRUAL % OF COMPLETION OTHER (Specify) | | | |
| NET WORTH \$ COMPANY \$ PERSONAL | | NET QUICK ASSETS \$ COMPANY'S | | NET WORKING CAPITAL \$ COMPANY | |
| WORKING CAPITAL SUFFICIENT IF "NO" HOW MUCH IS NEEDED? SOURCES? YES NO | | | ALL RECEIVABLES 90 DAYS CURRENT? YES NO IF NOT, AMOUNT PAST DUE \$ | | |
| ALL PAYABLES 90 DAYS CURRENT? YES NO IF NOT, AMOUNT PAST DUE \$ | | | | | |
| SURETY VERIFIED BANK BALANCE? YES NO | | AVERAGE BANK BALANCE \$ | | CONTRACTOR HAVE BANK LINE OF CREDIT? YES NO | CREDIT LINE AMOUNT |
| WITH WHOM? | SECURED? YES NO | TERMS | HOW MUCH PRESENTLY OWING \$ | HOW MUCH L/C PRESENTLY UNUSED? \$ | |

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|--|------------------------------|--|---|--|
| HAS SURETY REQUIRED EXTRA SECURITY YES NO IF YES: WHAT TYPE INSTRUMENT | | i.e. A CD OR CASHIERS CHECK FROM CONTRACTOR AMOUNT \$ | | |
| WORK IN PROCESS REPORT CURRENT AND REVIEWED If no, review your file and attach your report or SBA form 994F YES NO | | HAS SURETY CHECKED WITH CURRENT SUPPLIERS? YES NO | | DO ANY SUPPLIERS SHOW PAST DUE 60 DAYS OR MORE? YES NO |
| PART 3: CONTRACT INFORMATION (Completed with every application) | | | | |
| PROJECT DESCRIPTION: | | | OBLIGEE NAME AND ADDRESS: | |
| PROJECT LOCATION: | | | OBLIGEE: FEDERAL LOCAL STATE PRIVATE SPEC DIST | |
| CONTRACTOR IS PRIME SUBCONTRACTOR JOB | | ON THIS | | PROJECT TYPE CONSTRUCTION SERVICE SUPPLY OTHER (Specify) |
| CONTRACT AMOUNT \$ | | NEGOTIATED BID | IF BID, BID AMOUNT | IF BID, WHAT IS 2 ND LOW BID |
| BID BOND AMOUNT \$ | PERFORMANCE AMOUNT \$ | PAYMENT AMOUNT \$ | MAINTENANCE PROVISION EXCEEDING 2 YRS. IN CONTRACT YES NO | MAINTENANCE BOND REQUIRED YES NO \$ NO. YEARS |
| LIQUIDATED DAMAGES YES NO AMOUNT \$ (CALENDAR/WORKING DAY) | | SUBCONTRACTORS INVOLVED YES NO PERCENT % | | BOND REQUIRED BY ORIGINAL CONTRACT DOCUMENT YES NO |
| SCHEDULED STARTING DATE | SCHEDULED COMPLETION DATE | CONTRACTOR STARTED JOB IF "YES" DATE STARTED If "YES" SBA Form 991 must be completed entirely and submitted to SBA before the guarantee agreement can be executed YES NO | | |
| CHANGE OF SURETY YES NO | EXPLAIN IN COMMENTS | SECTION | DATE OF LAST FINANCIAL STATEMENT | |
| SURETY'S REVIEW | | | | |
| COMMENTS | | | | |
| IN OUR OPINION THE PRINCIPAL APPEARS TO HAVE THE FINANCIAL / MANAGEMENT / TECHNICAL ABILITIES TO SUCCESSFULLY COMPLETE THIS CONTRACT, HOWEVER, I FEEL THIS CONTRACTOR FALLS BELOW THE NORMAL UNDERWRITING STANDARD OF OUR COMPANY, AND WE WILL NOT ISSUE BONDS TO THIS CONTRACTOR WITHOUT THE SBA GUARANTEE. THESE BONDS ARE REQUIRED BY THE ORIGINAL CONTRACT OR BID SOLICITATION | | | | |
| ATTORNEY IN FACT | | | | DATE |
| TYPE NAME | | | | TELEPHONE NO. (Include Area Code) |
| TO BE COMPLETED BY SBA | | | | |
| DATE RECEIVED BY SBA | | | | BY (initials) |
| BASED ON THE UNDERWRITING DATA SUBMITTED: | | | | |
| RECOMMENDATION / ACTION | | | | |
| APPROVE | DISAPPROVE | SIGNATURE | | TITLE |
| | | | | |
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| PLEASE NOTE: The estimated burden for completing this form is 5 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration Chief, AIB, 409 3 rd ST., S.W. Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. | | | | |

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