



OMB Control No: 3245-0007
Expiration Date: 01-31-2010

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

Instructions: The surety company or agent must complete the applicable parts of this form and submit to the Denver or Seattle office. Addresses and geographical distributions can be found on the Office of Surety Guarantees website at www.sba.gov/osg. If the electronic application system is used, a paper copy is not required.

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 \$	LARGEST PREVIOUS WORK PRO- GRAM 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 DEFECTED 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? \$		PROVIDE NAME OF 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)	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	DATE 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 \$ COMPANYS	NET WORKING CAPITAL \$ COMPANY		
WORKING CAPITAL SUFFICIENT IF "NO" HOW MUCH IS YES NO NEEDED? SOURCES?		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? YES NO	SECURED?	TERMS	HOW MUCH PRESENTLY OWING \$	HOW MUCH L/C PRESENTLY UNUSED?	

SBA Form 994B (11-09) Previous Editions are Obsolete

HAS SURETY REQUIRED EXTRA SECURITY		i.e. A CD OR CASHIERS CHECK FROM CONTRACTOR		
YES NO IF YES: WHAT TYPE INSTRUMENT		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 ON THIS JOB		PROJECT TYPE CONSTRUCTION SERVICE SUPPLY OTHER (Specify)		PHASED PROJECT YES NO
CONTRACT AMOUNT \$		IF BID, BID AMOUNT		IF BID, WHAT IS 2 ND LOW BID
BID BOND AMOUNT \$		NEGOTIATED BID		BID: DATE & TIME
LIQUIDATED DAMAGES AMOUNT \$		MAINTENANCE PROVISION EXCEEDING 2 YRS. IN CONTRACT YES NO		MAINTENANCE BOND REQUIRED YES NO \$ NO. YEARS
YES NO (CALENDAR/WORKING DAY)		SUBCONTRACTORS INVOLVED YES NO PERCENT %		BOND REQUIRED BY ORIGINAL CONTRACT DOCUMENT YES NO
SCHEDULED STARTING DATE		CONTRACTOR STARTED JOB IF "YES" DATE STARTED YES NO		If "YES" SBA Form 991 must be completed entirely and submitted to SBA before the guarantee agreement can be executed
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. I CERTIFY THAT, IF THE INITIAL CONTRACT AMOUNT IS GREATER THAN \$2 MILLION: (1) IT DOES NOT INVOLVE THE CONSTRUCTION, OPERATION, OR RENOVATION OF A CASINO OR OTHER GAMBLING ESTABLISHMENT, AQUARIUM, ZOO, GOLF COURSE OR SWIMMING POOL, AND (2) THE PRINCIPAL IS NOT PERFORMING WORK FOR AN OBLIGEE WHOSE PRIMARY NAICS CODE IS 713210/CASINOS, 721120/CASINO HOTELS, 713290/OTHER GAMBLING INDUSTRIES, 713910/GOLF COURSES AND COUNTRY CLUBS, 712130/ZOOS AND BOTANICAL GARDENS, 713940/FITNESS AND RECREATION SPORTS CENTERS (IF A SWIMMING POOL IS INCLUDED)				
ATTORNEY IN FACT		AGENCY NAME		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	DATE
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.				

