



U.S. Small Business Administration
Surety Bond Guarantee Program
DEFAULT REPORT, CLAIM FOR REIMBURSEMENT,
AND RECORD OF ADMINISTRATIVE ACTION

Any intentionally false statement or willful misrepresentation in connection with a claim for payment pursuant to a Guarantee Agreement is a violation of Federal law, subject to criminal and civil prosecution under 18 USC Sections 287, 371, 1001, 15 USC Section 645 and 31 USC Section 3729 carrying possible fines and/or imprisonment.

GENERAL INSTRUCTIONS:

This form combines SBA Forms 994H-Claim for Reimbursement, 994J-Report of Default, and 1101-SBA/DBG Modification/Administrative Action. It should be used as follows: (Please type or print legibly.)

- 1. To file a Default Status Report; complete sections: A, B, C, H
2. To file a Claim for Reimbursement; complete sections: A,C, E, F, G, H
3. To record SBA Administrative Action; complete sections: A, C, D
4. The surety company must print, sign, and mail to U.S. Small Business Administration, Office of Surety Guarantees, 409 3rd St., SW, Washington, DC, 20416

A. SBG IDENTIFICATION SUMMARY

SBG NUMBER: CONTRACTOR'S NAME:
SURETY ALPHA CODE:
BOND NUMBER: 990 DATE: / / (See reverse) CONTRACT AMOUNT \$
CLAIM NUMBER: OBLIGEE:
PROJECT:
DEFAULT STATUS CODE: BOND TYPE: DEFAULT DATE: / /
01=Active Payment
02=Closed-No Loss Performance
03=Closed-Subrogation Bid
04=Closed-Final
05=Closed Settled
LAST STATUS REPORT: / /
CLOSE DATE: (SBA USE ONLY) / /
NO CHANGE FROM PREVIOUS REPORT
STATUS UPDATE INCLUDED: (Describe below, current status and default completion plans.)
DEFAULT REASON CODE: (From reverse)
SBA's RESERVE AMOUNT: \$
SURETY RESERVE AMOUNT: \$

B. SUBROGATION ACTIVITY (Explain in Section C., below, or attach a separate sheet if, necessary.)

Litigation pending Settled for \$ No change from last report
Payments being made None - Bankrupt/Defunct Approval requested to Close Final
Firm Collateral Held \$

Other anticipated recovery from salvage, indemnities, etc. \$

C. EXPLANATIONS, COMMENTS, ADMINISTRATIVE ACTIONS (Attach additional sheet if warranted.)

(SBA USE ONLY)

D. SBA/DBG CLAIM PAYMENT RECOMMENDATION, REVIEW, APPROVAL, AND AMOUNT OF CLAIM APPROVED

THIS REQUEST IS HEREBY APPROVED FOR PAYMENT IN ACCORDANCE WITH SBA REGULATIONS.

AMOUNT REQUESTED \$ AMOUNT APPROVED \$ EFFECTIVE DATE (Date SBA received) / /

RECOMMENDED BY REVIEWER 2ND REVIEWER APPROVING OFFICIAL
(Signature/Title/Date) (Initials/Date) (Initials/Date) (Signature/Title/Date)

E. ITEMIZATION OF SURETY LOSS (Loss Class Codes: L=Loss; E=Expense; TA=Trust Account Deposit)

List all loss items as well as funds deposited to a Trust Account. (See reverse)

<u>DRAFT</u> <u>DATE</u>	<u>DRAFT</u> <u>NUMBER</u>	<u>PAYEE</u>	<u>AMOUNT</u>	<u>LOSS</u> <u>CLASS</u>
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TOTAL \$ _____

F. ITEMIZED SURETY RECOVERY See Instructions. (Recovery Class Codes: I=Indemnity; C=Contract Funds)

<u>DATE</u>	<u>SOURCE</u>	<u>RECOVERED</u> <u>AMOUNT</u>	<u>RECOVERY</u> <u>CLASS</u>
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TOTAL \$ _____

G. SUMMARY OF CLAIM FOR REIMBURSEMENT

Total of Loss Disbursements (Itemized Above)		\$ _____
Total of Loss Disbursements Previously Reported		\$ _____
TOTAL LOSS DISBURSEMENTS		\$ _____
Recovery (Itemized Above)	\$ _____	
Recovery Previously Reported	_____	
Undisbursed Trust Account Balance (See reverse)	_____	
TOTAL OFFSETS		\$ (_____)
Surety Net Loss (Total Loss Disbursements Less Total Offsets)		\$ _____
Less Deductible Amount (See reverse)		(_____)
SBA (____ %) Share of Surety's Reimbursable Loss		_____
Less Prior Total SBA Payments		(_____)
TOTAL DUE AND REQUESTED BY SURETY _____ OR TOTAL DUE AND SUBMITTED TO SBA _____		\$ _____

H. CERTIFICATION

I, the undersigned being duly designated, hereby certify that this default report and/or itemization and summary of payments and recoveries received upon bonds issued in conjunction with the U.S. Small Business Administration's Surety Bond Guarantee Program is true and correct to the best my knowledge, information and belief. I further certify that all payments made and recoveries received are substantiated by payroll sheets, copies of Surety's drafts, claimants invoices, assignments and releases (where applicable), recovery instruments, etc., and that such substantiating documents are retained in this office, our agent's office, or in the office of our claim account trustee. I further certify that the Surety has complied with all SBA Surety Bond Guarantee Program regulations in 13 CFR Part 115 and all SBA program requirements.

NAME OF SURETY _____ (Area Code/Phone No.)

SURETY CERTIFYING OFFICIAL'S SIGNATURE, TITLE, AND DATE _____

**INSTRUCTIONS AND CLARIFICATION
OF SELECTED FORM 994H ITEMS**

General

1. This form may be used to report the default of an SBG contractor, as well as for periodic status reporting in accordance with the terms of SBA's Surety Bond Guarantee Agreement. If a different format is used, all information requested on 994H Form must be provided.
2. A separate SBA Form 994H must be used for each bond in default/claim status. An additional sheet/letter may be attached for more detailed reporting.
3. If this is an initial default/claim notice:
 - a. A carbon copy of this form should be sent simultaneously to the SBA Field Office which guaranteed the bond in caption.
 - b. Provide a detailed report including the percentage of completion, remaining contract funds, methods of selecting completion contractor, description of how claim situation arose, present condition, surety's plans for resolution and salvage, anticipated loss.

PLEASE NOTE: The estimated burden for completing this form is 20 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 3rd St., SW, Washington DC 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202 Washington, DC 20503. OMB Approval (3245-0007) PLEASE DO NOT SEND FORMS TO OMB.