**OMB Control No: 3245-0007**



**Expiration Date:**

**U.S. SMALL BUSINESS ADMINISTRATION**

**SURETY BOND GUARANTEE UNDERWRITING REVIEW**

Instructions: If the surety company or agent uses a paper submission, it 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. The electronic application system can be accessed at [www.sba.gov/osg](http://www.sba.gov/osg).

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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 UPDATED ANNUALLY)** | | | | | | | | | | | | | | | | | | | | |
| TYPE OF BUSINESS | | | | | | | | | | | | NAICS CODE | | | | | | | | |
| TYPE OF CONTRACTUAL WORK THIS FIRM HAS DONE PREVIOUSLY | | | | | | | | | | | | | | | | | | | | |
| LARGEST PREVIOUS CONTRACT  SUCCESSFULLY UNDERTAKEN?  $ | | 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 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?  $ | | | | | | | | | | | | 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? IF “NO” INCLUDE IF “YES” ATTACH COPIES OF INDEMNITY AGREEMENTS AND PERSONAL  (Company & Personal) ⁮ YES ⁮ NO COMMENTS 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? | SECURED?  ⁮ YES ⁮ NO | | | TERMS | | | | | | HOW MUCH PRESENTLY OWING  $ | | | | | | | HOW MUCH L/C PRESENTLY UNUSED?  $ | | | |

**SBA Form 994B (1/13) Previous Editions are Obsolete**

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| 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 ON  THIS  ⁮ PRIME ⁮ SUBCONTRACTOR JOB | | | | | | PROJECT TYPE  ⁮ CONSTRUCTION ⁮ SERVICE ⁮ SUPPLY ⁮ OTHER (Specify) | | | | | | | | | | | | | | PHASED PROJECT  ⁮ YES ⁮ NO | |
| CONTRACT AMOUNT  $ | | ⁮ NEGOTIATED ⁮ BID | | | | | IF BID, BID AMOUNT | | | | IF BID, WHAT IS 2ND LOW BID | | | | | | | | BID: DATE & TIME | | |
| BID BOND AMOUNT  $ | PERFORMANCE AMOUNT  $ | | | PAYMENT AMOUNT  $ | | | | MAINTENANCE PROVISION EXCEEDING 2 YRS. IN CONTRACT ⁮ YES ⁮ NO | | | | | MAINTENANCE BOND REQUIRED  ⁮ YES ⁮ NO  $ NO. YEARS \_\_\_\_\_\_\_ | | | | | | | | |
| LIQUIDUATED 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  ⁮ YES ⁮ NO 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. | | | | | | | | | | | | | | | | | | | | | |
| 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 |
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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 3rd 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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