OMB Control No: 3245-0007

Expiration Date:



SMALL BUSINESS ADMINISTRATION SURETY BOND GUARANTEE UNDERWRITING REVIEW

Instructions: If the surety company or agent uses a paper submission, it must complete the 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 application system is used, a paper copy is not required. The electronic application system can be www.sba.gov/osg.

SURETY COMPANY				CONTRACTORS BUSINESS NAME & ADDRESS (Inc. County & Zip)							
AGENCY / BRANC		SBG NUMBER									
PART 1: CONTR	ACTOR BUSINES	S INFORM	AATION (C	OMPLET	TED V	WITH INITIAL APPLIC	ATION A	AND I	UPDATED ANNUALLY)		
TYPE OF BUSINES				,							
	CTUAL WORK THIS	FIRM HAS	DONE PREVI	OUSLY		,					
LARGEST PREVIO SUCCESSFULLY U		GRAM SUC UNDERTA	CCESSFULLY KEN?			ANY DISPUTES/DEFAUL If "Yes" In		SCHEDULE? If "No" Include			
\$		\$	#	OF JOBS	•	YES NO comments					
CONTRACTOR EV YES NO IF "YES	?	HAS CONTRACTOR EVER DEFAULTED SURETY TO SUFFER A LOSS? YES NO IF "YES" INCLUDE COMMEN									
YES NO	VE ADEQUATE EQU	JIPMENT?									
YES NO IF "NO	YES NO IF "NO" INCLUDE COMMENTS SUFFICII YES NO					NCE COVERAGE		CONTRACTOR PREVIOUSLY BONDED? YES NO			
LARGEST CONTRACOMPLETED?	JCCESSFULL	PR	PROVIDE NAME OF SURETY/SURETIES?								
HISTORY OF AND REASONS FOR SURETY CHANGES?											
YES NO	HEETS PROVIDED?			RESUME(S) OF OFFICERS, OWNERS AND/OR KEY EMPLOYEES ON FILE? YES NO							
YES NO	UESTIONNAIRE ON		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: CONTR SBA)	ACTOR FINANC	IAL INFOI	RMATION	AND WO	ORK	IN PROCESS (Comple	eted with i	initia	application and as required by		
CURRENT COMPA YES NO	NY FINANCIAL STA		MENT ON FILE?								
YES NO DATE OF FINANCIAL STATEMENTS DATE FISCAL YEAR ENDS FINANCIAL STATEMENT PREPARED BY WHOM? FINANCIAL STATEMENT PREPARED BY WHOM?											
F/S SHOW DISCLAIMER? TYPE OF FINANCIAL STATEMENT YES NO CASH SAMPLE ACCRUAL % OF COMPLETION OTHER (Specify)											
NET WORTH \$ NET QUICK ASSETS NET WORKING CAPITAL \$ COMPANY \$ PERSONAL \$ COMPANYS \$ COMPANY											
WORKING CAPITA YES NO	IF "NO" HO	6			ALL RECEIVABLES 90 DAYS CURRENT? YES NO IF NOT, AMOUNT PAST DUE \$						
YES NO NEEDED? SOURCES? 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 BAN OF CREDIT? YES NO		ΙE	CREDIT LINE AMOUNT		
WITH WHOM?	SECURED? YES NO	TERM	IS	HC \$	OW M	IUCH PRESENTLY OWI	NG HOW MUCH L/C PRESENTLY UNUSED?				

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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 \$														
YES NO IF YES: WHAT TYPE INSTRUMENT AMOUNT \$ WORK IN PROCESS REPORT CURRENT AND REVIEWED HAS SURETY CHECKED WITH DO ANY SUPPLIERS SHOW PA											SUPPLIERS SHOW PAST			
If no, review your file and attach your report or SBA form 994F							NT SUPPLIERS?	*******	- 1		DAYS OR MORE?			
YES NO						YES NO			YE	S NO				
PART 3: CONTRACT INFORMATION (Completed with every application)														
PROJECT DESCRIPTION: OBLIGEE NAME AND ADDRESS:														
TROUBET DESCRIPTION. ODLIGEE WAINE AND ADDRESS.														
PROJECT LOCATION: OBLIGEE: FEDERAL LOCAL STATE PRIVATE SPEC DIST														
CONTRACTOR IS ON PROJECT TYPE PHASED PROJECT ON PROJECT TYPE CONSTRUCTION CERTIFIC CONTRACTOR OF THE PROJECT ON PROJECT TYPE														
THIS CONSTRUCTION SERVICE SUPPLY OTHER (Specify) PRIME SUBCONTRACTOR JOB							YES NO							
CONTRACT AMOUNT IF BID, WHAT IS 2 ND LOW BID BID: DATE & TIME									: DATE & TIME					
\$ NEGOTIATED BID														
BID BOND	OND PERFORMANCE PAYMENT				MAINTE	NANCE P	ROVISION	MAIN	ΓENAN	NCE BOND REQUIRED				
AMOUNT							l l			S NO				
\$ LIQUIDUATED DA	\$ \$ IQUIDUATED DAMAGES YES NO		\$	YES NO			DC INVOLVED	\$ PO!	ID DEC	NO. YEARS D BY ORIGINAL				
AMOUNT \$						YES NO PERCENT % CON				TRACT DOCUMENT NO				
SCHEDULED STAF	RTING	SCHEDU	ULED COMPI	LETION	CONTRA	CTOR ST	ARTED JOB	· ·						
DATE DATE											ES" SBA Form 991 must be completed			
					YES NO)			entirely and submitted to SBA before the guarantee agreement can be executed					
CHANGE OF SURE	TY YES	NO EX	CPLAIN IN CO	OMMENTS			TE OF LAST FINA				in be executed			
					SURETY	Y'S REVI	EW							
COMMENTS														
IN OUR OPINION T														
											TANDARD OF OUR			
THE ORIGINAL CO					TRACTOR	WITHOU	TTHE SBA GUA	RANTEE,	THESE	BOND	S ARE REQUIRED BY			
ATTORNEY IN FA		OK DID 3		CY NAME					DATE	<u> </u>				
									TELL EDITIONE NO. (I. 1.1.4. G. 1.)					
TYPE NAME TELEPHONE NO. (Include									E NO. (Include Area Code)					
				T(BE COM	PLETED	BY SBA							
DATE RECEIVED I	BY SBA								I	BY (ini	itials)			
BASED ON THE UI	NDERWRI	TING DA	TA SUBMITT	ED:										
RECOMMENDATION	ON / ACTIO	ON												
APPROVE					SIGNATURE T				TLE	TLE DATE				
											tion 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. 20		rok Otticel	101 HIE SIIIdll	Dusiness A	ammouduu	,, OHICE (ıı ıvıanagement allu	Duugei, Me	w Pyech	inve O	mee bunding, Room 10202,			

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