



OMB Control No: 3245-0007
 Expiration Date:

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

Instructions: This form contains business and financial information about the applicant and contract specific information. It is submitted electronically by the surety company or agent with the initial application for the small business and is updated annually. The electronic application system can be accessed at www.sba.gov/surety-bonds.

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 PROGRAM SUCCESSFULLY UNDERTAKEN? \$ # OF JOBS	ANY DISPUTES/DEFAULTS? If "Yes" Include comments <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT PROJECTS ON SCHEDULE? If "No" Include comments <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTRACTOR EVER FAILED TO COMPLETE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" INCLUDE COMMENTS		HAS CONTRACTOR EVER DEFAULTED ON A CONTRACT FORCING A SURETY TO SUFFER A LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" INCLUDE COMMENTS	
CONTRACTOR HAVE ADEQUATE EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CONTRACTOR TAXES CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO" INCLUDE COMMENTS		CONTRACTOR INSURANCE COVERAGE SUFFICIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR PREVIOUSLY BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
LARGEST CONTRACT AMOUNT BONDED AND SUCCESSFULLY COMPLETED? \$		PROVIDE NAME OF SURETY/SURETIES?	
HISTORY OF AND REASONS FOR SURETY CHANGES?			
CONTINUATION SHEETS PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		RESUME(S) OF OFFICERS, OWNERS AND/OR KEY EMPLOYEES ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTRACTOR'S QUESTIONNAIRE ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BUSINESS PLAN ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INDEMNITIES POSTED? (Company & Personal) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "NO" INCLUDE COMMENTS	
DOES SURETY RECOMMEND FINANCIAL / MANAGEMENT / TECHNICAL ASSISTANCE BY SBA? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		CURRENT PERSONAL FINANCIAL STATEMENT ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF FINANCIAL STATEMENTS	DATE FISCAL YEAR ENDS	FINANCIAL STATEMENT PREPARED BY WHOM?	
F/S SHOW DISCLAIMER? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF FINANCIAL STATEMENT <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> % OF COMPLETION <input type="checkbox"/> OTHER (Specify)		
NET WORTH \$ COMPANY	\$ PERSONAL	NET QUICK ASSETS \$ COMPANYYS	NET WORKING CAPITAL \$ COMPANYY
WORKING CAPITAL SUFFICIENT <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO" HOW MUCH IS NEEDED? SOURCES?		ALL RECEIVABLES 90 DAYS CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, AMOUNT PAST DUE \$	
ALL PAYABLES 90 DAYS CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, AMOUNT PAST DUE \$			
SURETY VERIFIED BANK BALANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE BANK BALANCE \$	CONTRACTOR HAVE BANK LINE OF CREDIT? YES <input type="checkbox"/> NO	CREDIT LINE AMOUNT
WITH WHOM?	SECURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TERMS	HOW MUCH PRESENTLY OWING \$
			HOW MUCH L/C PRESENTLY UNUSED? \$

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HAS SURETY REQUIRED EXTRA SECURITY <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: WHAT TYPE INSTRUMENT		i.e. A CD OR CASHIERS CHECK FROM CONTRACTOR AMOUNT \$ _____	
WORK IN PROCESS REPORT CURRENT AND REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS SURETY CHECKED WITH CURRENT SUPPLIERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO ANY SUPPLIERS SHOW PAST DUE 60 DAYS OR MORE? <input type="checkbox"/> YES <input type="checkbox"/> NO
PART 3: CONTRACT INFORMATION (Completed with every application)			
PROJECT DESCRIPTION:		OBLIGEE NAME AND ADDRESS:	
PROJECT LOCATION:		OBLIGEE: <input type="checkbox"/> FEDERAL <input type="checkbox"/> LOCAL <input type="checkbox"/> STATE <input type="checkbox"/> PRIVATE <input type="checkbox"/> SPEC DIST	
CONTRACTOR IS <input type="checkbox"/> PRIME <input type="checkbox"/> SUBCONTRACTOR		ON THIS JOB <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> SERVICE <input type="checkbox"/> SUPPLY <input type="checkbox"/> OTHER (Specify)	PHASED PROJECT <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTRACT AMOUNT \$	<input type="checkbox"/> NEGOTIATED <input type="checkbox"/> BID	IF BID, BID AMOUNT	IF BID, WHAT IS 2 ND LOW BID
			BID: DATE & TIME
BID BOND AMOUNT \$	PERFORMANCE AMOUNT \$	PAYMENT AMOUNT \$	MAINTENANCE PROVISION EXCEEDING 2 YRS. IN CONTRACT <input type="checkbox"/> YES <input type="checkbox"/> NO
			MAINTENANCE BOND REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO NO. YEARS _____
LIQUIDATED DAMAGES AMOUNT \$	<input type="checkbox"/> YES <input type="checkbox"/> NO (CALENDAR/WORKING DAY)	SUBCONTRACTORS INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO PERCENT %	BOND REQUIRED BY ORIGINAL CONTRACT DOCUMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
ANTICIPATED PROJECT STARTING DATE	ANTICIPATED PROJECT COMPLETION DATE	CONTRACTOR STARTED JOB IF "YES" DATE STARTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHANGE OF SURETY <input type="checkbox"/> YES <input type="checkbox"/> 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			
BASED ON THE UNDERWRITING DATA SUBMITTED:			
RECOMMENDATION / ACTION			
APPROVE	DECLINE	SIGNATURE	TITLE
			DATE
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
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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