



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

Instructions: This information will be used to assist SBA in the underwriting of the bond guarantee. Providing the information is voluntary; however, without the information, a final decision on your application may not be possible. The Surety Company or agent may print and upload the original or prepopulated Surety Bond Guarantee (SBG) Underwriting Review form to the Capital Access Financial System (CAFS) located at <https://www.sba.gov/partners/surety-bond-partners-agents/operate-surety-partner-or-agent>. If the application is submitted electronically, the prepopulated form can be printed from the Capital Access Financial System. If CAFS is unavailable, the paper version is available on the Office of Surety Guarantees website at <https://www.sba.gov/document/sba-form-994b-surety-bond-guarantee-underwriting-review>.

SURETY COMPANY:		CONTRACTOR BUSINESS NAME & ADDRESS: <i>(Inc. County & Zip)</i>	
AGENCY / BRANCH OFFICE NAME:		SBG NUMBER:	
PART I: CONTRACTOR BUSINESS INFORMATION <i>(COMPLETED WITH INITIAL APPLICATION AND UPDATED ANNUALLY)</i>			
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: \$:	DISPUTES/DEFAULTS: <input type="checkbox"/> Yes <i>If Yes, include comments</i> <input type="checkbox"/> No	CURRENT PROJECTS ON SCHEDULE: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, include comments</i>
HAS THE CONTRACTOR EVER FAILED TO COMPLETE JOB? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Include comments</i>		HAS THE CONTRACTOR EVER DEFAULTED ON A CONTRACT FORCING A SURETY TO SUFFER A LOSS? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, include comments</i>	
DOES THE CONTRACTOR HAVE ADEQUATE EQUIPMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ARE THE CONTRACTOR TAXES CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, include comments</i>	IS THE CONTRACTOR INSURANCE COVERAGE SUFFICIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE THE CONTRACTOR BEEN 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	
ARE THE CONTRACTOR'S QUESTIONNAIRE ON FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IS A BUSINESS PLAN ON FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE COMPANY INDEMNITIES POSTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE PERSONAL INDEMNITIES POSTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DOES SURETY RECOMMEND FINANCIAL / MANAGEMENT / TECHNICAL ASSISTANCE BY SBA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, what type & why?</i>			
PART II: CONTRACTOR FINANCIAL INFORMATION AND WORK IN PROCESS <i>(Completed with initial application and as required by SBA)</i>			
ARE CURRENT COMPANY FINANCIAL STATEMENTS ON FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE CURRENT PERSONAL FINANCIAL STATEMENTS ON FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE OF FINANCIAL STATEMENTS:	DATE FISCAL YEAR ENDS:	FINANCIAL STATEMENT PREPARED BY:	
F/S SHOWS DISCLAIMER? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF FINANCIAL STATEMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Sample Accrual <input type="checkbox"/> % of Completion <input type="checkbox"/> Other (Specify)		
NET WORTH: COMPANY \$: PERSONAL \$:	NET QUICK ASSETS: COMPANY \$:	NET WORKING CAPITAL: COMPANY \$:	
WORKING CAPITAL SUFFICIENT <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, How much is needed? Sources?</i>		ALL RECEIVABLES 90 DAYS CURRENT: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, amount past due</i>	
		ALL PAYABLES 90 DAYS CURRENT: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, amount past due</i>	
SURETY VERIFIED BANK	AVERAGE BANK BALANCE:	CONTRACTOR HAVE BANK LINE	CREDIT LINE AMOUNT:

BALANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No		OF CREDIT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
WITH WHOM?	SECURE: <input type="checkbox"/> Yes <input type="checkbox"/> No	TERMS:	HOW MUCH PRESENTLY OWING?
		HOW MUCH L/C PRESENTLY UNUSED?	

HAS THE SURETY REQUIRED EXTRA SECURITY? *i.e.* A CD OR CASHIERS CHECK FROM CONTRACTOR
 YES NO IF YES: WHAT TYPE INSTRUMENT AMOUNT AMOUNT\$:

WORK IN PROCESS REPORT CURRENT AND REVIEWED: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, review your file and attach your report or SBA Form 994F</i>	SURETY CHECKED WITH CURRENT SUPPLIERS: <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPPLIERS SHOW PAST DUE 60 DAYS OR MORE: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PART III: 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		PROJECT TYPE: <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: BID 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$: <input type="checkbox"/> Calendar <input type="checkbox"/> Working Days	SUBCONTRACTORS INVOLVEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage %:		BOND REQUIRED BY ORIGINAL CONTRACT DOCUMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SCHEDULED STARTING DATE:	SCHEDULED COMPLETION DATE:		CONTRACTOR STARTED JOB: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date Started: <i>If Yes, SBA Form 991 must be completed entirely and submitted to SBA before the guarantee agreement can be executed.</i>	
CHANGE OF SURETY: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain in Comments Section</i>			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)

PLEASE NOTE: The estimated burden for completing this form is 10 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB Control I number. The number for this collection of formation is 3245-0007. Comments on the burden should be sent to U.S. Small Business Administration, Director, Records Management Division, 409 3rd ST., S.W. Washington, D.C. 20416 and/or Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.