

OMB Control No: 3245-0007 Expiration Date: XX/XX/XXXX

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: (Inc. County & Zip)							
AGENCY / BRANCH OFFICE NAME:				SBG NUMBER:							
PART I: 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	LARGEST PREVIOUS WORK			DISPUTES/DEFAULTS:		CURRENT PROJECTS ON					
SUCCESSFULLY UNDERTAKEN:	PROGRAM SUCCESSFULLY			☐ Yes If Yes, include comments		SCHEDULE:					
\$:	UNDERTAKEN:			□No		☐ Yes					
	\$:					☐ No <i>If No, include comments</i>					
HAS THE CONTRACTOR EVER FAILED TO COMPLETE JOB?				HAS THE CONTRACTOR EVER DEFAULTED ON A CONTRACT							
☐ Yes ☐ No If Yes, Include comments				FORCING A SURETY TO SUFFER A LOSS?							
				☐ Yes ☐ No If Yes, include comments							
DOES THE CONTRACTOR HAVE ADEQUATE EQUIPMENT? ☐ Yes ☐ No											
ARE THE CONTRACTOR TAXES CU	IS THE CONTRACTOR		SURANCE	HAVE THE CONTRACTOR BEEN							
☐ Yes ☐ No <i>If No, include comments</i>		COVERAGE SUFFICIEN)	PREVIOUSLY BONDED?						
		☐ Yes ☐ No			☐ Yes ☐ No						
LARGEST CONTRACT AMOUNT BO	ONDED AND	SUCCESSFULLY		PROVIDE NAME OF	SURETY/SU	RETIES:					
COMPLETED: \$											
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											
ARE THE CONTRACTOR'S QUESTIONNAIRE ON FILE? ☐ Yes ☐ No				IS A BUSINESS PLAN ON FILE? ☐ Yes ☐ No							
ARE COMPANY INDEMNITIES POSTED? ☐ Yes ☐ No				ARE PERSONAL INDEMNITIES POSTED? ☐ Yes ☐ No							
DOES SURETY RECOMMEND FINANCIAL / MANAGEMENT / TECHNICAL ASSISTANCE BY SBA?											
☐ Yes ☐ No If Yes, what type & why?											
PART II: CONTRACTOR FINANCIA				· · · · · · · · · · · · · · · · · · ·							
ARE CURRENT COMPANY FINANC	1ENTS ON FILE?		ARE CURRENT PERSONAL FINANCIAL STATEMENTS ON FILE?								
☐ Yes ☐ No				☐ Yes ☐ No							
DATE OF FINANCIAL STATEMENTS:		DATE FISCAL YEAR EN		DS: FINAN		CIAL STATEMENT PREPARED BY:					
F/S SHOWS DISCLAIMER? TYPE OF FINAL		TYPE OF FINANCIAL S	AL STATEMENT:								
☐ Yes ☐ No		☐ Cash ☐ Sample Accrual ☐ % c		ual 🛘 % of Completio	6 of Completion ☐ Other (Specify)						
NET WORTH:		NET QUICK ASSETS:			NET WORKING CAPITAL:						
COMPANY \$:		COMPANY \$:			COMPANY \$:						
PERSONAL \$:											
WORKING CAPITAL SUFFICIENT ☐ Yes ☐ No If No, How much is				ALL RECEIVABLES 90 DAYS CURRENT: ☐ Yes ☐ No If No, amount							
needed? Sources?				past due							
			A	ALL PAYABLES 90 DAYS CURRENT: ☐ Yes ☐ No If No, amount past							
			a	due							
SURETY VERIFIED BANK AVERAGE BANK BALANCE:			(CONTRACTOR HAVE BANK LINE CREDIT LINE AMOUNT:							

BALANCE: ☐ Yes ☐ No				OF CREDIT	: □ Yes □	No						
WITH WHOM?	SECUF	ECURE: □ Yes □ No		TERMS:	MS:		MUCH PRESENTLY G?	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 SURETY CHECKED WITH CURRENT SUPPLIERS SHOW PAST DUE 60 DAYS OR												
REVIEWED:				ERS: Yes			MORE:					
☐ Yes ☐ No <i>If No, review your file and</i>						☐ Yes ☐ No						
attach your report or SBA Form 994F												
PART III: CONTRACT INFORMATION (Completed with every application)												
PROJECT DESCRIPTION: OBLIGEE NAME AND ADDRESS:												
PROJECT LOCATION: OBLIGEE: □ Federal □ Local □ State □ Private □ Spec. Dist.												
CONTRACTOR IS:			PROJECT TYPE:			<u> </u>	PHASED PROJECT:					
☐ Prime ☐ Subcontrac	☐ Prime ☐ Subcontractor			☐ Construction ☐ Service ☐ Supply			☐ Yes ☐ No					
			□Other (Specify)									
CONTRACT ANACHINE	- NECO	TIATED -	<u> </u>	LEDID DID A	NACH INIT	IE DID VA	ULATIC AND LOVALD	ID DID DATE.				
CONTRACT AMOUNT \$:	LI NEGO	TIATED 🗖 E	SID	IF BID, BID A \$:	MOUNI	\$:	/HAT IS 2 ND LOW B	ID BID DATE:				
٧.				J.		γ.		BID TIME:				
BID BOND AMOUNT	PERFORN	MANCE AMOUNT PAYMENT A			MOUNT \$: MAINT		NANCE PROVISION	I MAINTENANCE				
\$:	\$: \$:						NG 2 YRS. IN	BOND REQUIRED:				
					CONT			☐ YES ☐ NO				
			□ YES				INO	\$: NO. YEARS:				
LIQUIDATED DAMAGES	: 🗆 Yes 🗆	SUBCO	NTRACTO	TRACTORS INVOLVEMENT: ☐ Yes ☐ BOI			OND REQUIRED BY ORIGINAL CONTRACT					
No		No					OOCUMENT: Yes No					
Amount \$: Percenta			age %:									
☐ Calendar ☐ Working Days				ADI ETIONI DAT			CONTRACTOR CTARTER IOR TO THE					
SCHEDULED STARTING DATE: SCHEDU			JLED CON	APLETION DAT	t:		ONTRACTOR STARTED JOB: ☐ Yes ☐ No Yes, Date Started:					
							Yes, SBA Form 991 must be completed entirely					
						_	d submitted to SBA before the guarantee					
							reement can be executed.					
CHANGE OF SURETY: □	l Yes □ No	Explain in	Commen			AST FINAN	ICIAL STATEMENT:					
COMMENTS:				SURETY'S	REVIEW							
COIVIIVIENTS.												
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:	TE:				
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	n unless it	displays a	currently	valid OMB Cor	ntrol I numb	er. The nu	mber for this colle	ection of formation is 3245-				
								nagement 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												
Executive Office Building	ig, коот 1	Executive Office Building, Room 10202, Washington, D.C. 20503.										

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