



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

Submission Instructions: This information will be used to assist SBA in the underwriting of the bond guarantee. Providing the information is required. Issuing a final decision on your application may not be possible without the information contained in this form. The Surety Company or agent must 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>.

A. Surety Name: Click or tap here to enter text.	B. Agency Name: Click or tap here to enter text.
C. Business Name: Click or tap here to enter text.	D. Business Address: Street: Click or tap here to enter text. City: Click or tap here to enter text.
	County: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

PART I: CONTRACTOR BUSINESS INFORMATION (Completed with initial application and updated annually)	
1. Largest previous contract successfully completed with the business listed in this application: \$:Click or tap here to enter text.	2. Largest previous work program successfully completed with the business listed in this application: \$:Click or tap here to enter text.
3. Largest contract amount bonded and successfully completed with the business listed in this application: \$:Click or tap here to enter text.	
4. Are company and personal indemnities posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Suppliers Show Past Due 90 Days or More: <input type="checkbox"/> Yes <input type="checkbox"/> No
6. All Receivables 90 Days Current: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Amount Past Due: Click or tap here to enter text.	7. All Payables 90 Days Current: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Amount Past Due: Click or tap here to enter text.

PART II: CONTRACTOR FINANCIAL INFORMATION AND WORK IN PROCESS (Completed with initial application and as required by SBA)		
1. Individual #1 Name: Click or tap here to enter text.	2. Percent Ownership: Click or tap here to enter text.	
3. Net Worth: Click or tap here to enter text.	4. Indemnitor Type: (Select all that apply.) <input type="checkbox"/> Personal <input type="checkbox"/> Corporate	5. Financial Statement As-of Date: Click or tap to enter a date.
6. Individual #1 Spouse Name: Click or tap here to enter text.		
7. Individual #1 Spouse Net Worth: Click or tap here to enter text.	8. Individual #1 Spouse Indemnitor Type: (Select all that apply.) <input type="checkbox"/> Personal <input type="checkbox"/> Corporate	9. Individual #1 Spouse Financial Statement As-of Date: Click or tap here to enter text.
10. Individual #2 Name: Click or tap here to enter text.		
11. Percent Ownership: Click or tap here to enter text.		
12. Net Worth: Click or tap here to enter text.	13. Indemnitor Type: (Select all that apply.) <input type="checkbox"/> Personal <input type="checkbox"/> Corporate	14. Financial Statement As-of Date: Click or tap to enter a date.
15. Individual #2 Spouse Name: Click or tap here to enter text.		
16. Individual #2 Spouse Net Worth: Click or tap here to enter text.	17. Individual #2 Spouse Indemnitor Type: (Select all that apply.) <input type="checkbox"/> Personal <input type="checkbox"/> Corporate	18. Individual #2 Spouse Financial Statement As-of Date: Click or tap here to enter text.
19. Individual #3 Name: Click or tap here to enter text.		
20. Percent Ownership: Click or tap here to enter text.		
21. Net Worth: Click or tap here to enter text.	22. Indemnitor Type: (Select all that apply.) <input type="checkbox"/> Personal <input type="checkbox"/> Corporate	23. Financial Statement As-of Date: Click or tap to enter a date.
24. Individual #3 Spouse Name: Click or tap here to enter text.		
25. Individual #3 Spouse Net Worth: Click or tap here to enter text.	26. Individual #3 Spouse Indemnitor Type: (Select all that apply.) <input type="checkbox"/> Personal <input type="checkbox"/> Corporate	27. Individual #3 Spouse Financial Statement As-of Date: Click or tap here to enter text.

28. Bank Name: Click or tap here to enter text.		29. Average Bank Balance: Click or tap here to enter text.		30. Surety Verified Bank Balance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Bank Line of Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No	32. Bank Line of Credit Amount, if Applicable: Click or tap here to enter text.		33. Terms: Click or tap here to enter text.	34. How much presently is available? Click or tap here to enter text.	
35. Bank Line Issue Date: Click or tap to enter a date.		36. Bank Line Last Updated Date: Click or tap to enter a date.	37. Bank Line Expiration Date: Click or tap to enter a date.	38. Is the bank line secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
39. Has the surety required extra security? (e.g., CD or Cashiers Check) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: What type of instrument?: Click or tap here to enter text. Amount \$: Click or tap here to enter text.					

PART III: SBA BONDING LINE REQUEST (Completed with initial application and updated annually)	
1. Aggregate Bonding Line Limit: Click or tap here to enter text.	2. Contract Amount Limit: Click or tap here to enter text.
3. Maximum Job Number: Click or tap here to enter text.	4. Authorized Geographic Areas: Click or tap here to enter text.
5. Authorized NAICS Codes: Click or tap here to enter text.	

SURETY'S REVIEW		
COMMENTS: Click or tap here to enter text.		
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: Click or tap here to enter text.	Agency Name: Click or tap here to enter text.	Date: Click or tap to enter a date.
Type Name: Click or tap here to enter text.		Telephone No.: (Include Area Code) Click or tap here to enter text.
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.		