

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

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 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 <input type="checkbox"/> YES <input type="checkbox"/> NO comments	CURRENT PROJECTS ON SCHEDULE? If "No" Include <input type="checkbox"/> YES <input type="checkbox"/> NO comments	
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? \$			WITH WHAT 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		IF "YES" ATTACH COPIES OF INDEMNITY AGREEMENTS AND PERSONAL FINANCIAL STATEMENTS ON ALL INDEMNITORS (Including those of third parties unless previously submitted to SBA)	
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		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"/> SAMPLE ACCRUAL <input type="checkbox"/> % OF COMPLETION <input type="checkbox"/> OTHER (Specify)			
NET WORTH \$ COMPANY		PERSONAL \$		NET QUICK ASSETS \$ COMPANYS	NET WORKING CAPITAL \$ COMPANY
WORKING CAPITAL SUFFICIENT IF "NO" HOW MUCH IS NEEDED? SOURCES? <input type="checkbox"/> YES <input type="checkbox"/> NO			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? \$	

SBA FORM 994B (3-07) Previous Editions are Obsolete

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 If no, review your file and attach your report or SBA form 994F <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	PROJECT TYPE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> SERVICE <input type="checkbox"/> SUPPLY <input type="checkbox"/> OTHER (Specify)	
CONTRACT AMOUNT \$		<input type="checkbox"/> NEGOTIATED <input type="checkbox"/> BID	IF BID, BID AMOUNT	IF BID, WHAT IS 2 ND LOW BID
BID BOND AMOUNT \$		PERFORMANCE AMOUNT \$	PAYMENT AMOUNT \$	MAINTENANCE PROVISION EXCEEDING 2 YRS. IN CONTRACT <input type="checkbox"/> YES <input type="checkbox"/> NO
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 %	
SCHEDULED STARTING DATE		SCHEDULED 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			DATE	
TYPE NAME			TELEPHONE NO. (Include Area Code)	
TO BE COMPLETED BY SBA				
DATE RECEIVED BY SBA			BY (initials)	
BASED ON THE UNDERWRITING DATA SUBMITTED:				
RECOMMENDATION / ACTION				
APPROVE	DISAPPROVE	SIGNATURE		TITLE
<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 15 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.				

SBA FORM 994B (3-07) Previous Editions are Obsolete