



**U.S. SMALL BUSINESS ADMINISTRATION  
APPLICATION FOR SURETY BOND GUARANTEE ASSISTANCE**

**OMB No:3245-0007  
EXP. DATE: 3-31-2007**  
See Reverse Side for  
Public Comment Information

TO BE COMPLETED BY PRINCIPAL	TO BE COMPLETED BY BROKER / AGENT (Producer)
TRADE NAME OF PRINCIPAL	NAME OF SURETY
PRINCIPAL'S HOME ADDRESS: STREET, CITY, STATE & ZIP	NAME OF BROKER / AGENT (Producer)
PRINCIPAL'S BUSINESS ADDRESS: STREET, CITY, STATE, ZIP & COUNTY	BROKER / AGENT (Producer's) ADDRESS: Street, City, State, Zip and County
	BROKER / AGENT (Producer's) TELEPHONE NUMBER (Include Area Code)
PRINCIPAL'S EMPLOYER ID NUMBER	BROKER / AGENT (Producer's) EMPLOYER ID NUMBER

1. Applicant hereby states and affirms the following:
- The annual gross receipts of my business (including affiliates, as set forth in Part 121 of SBA's Rules and Regulations) as annually averaged over the past 3 fiscal years, was \$\_\_\_\_\_ (to the nearest hundreds). If there are affiliates, attach an explanation sheet, delineating annual gross receipts of each as their interests appear. If there are stockholders, attach an explanation sheet specifying what their shares of the organization(s) are.  
 Type of business: Proprietorship, Partnership, Corporation, Type of Corp \_\_\_\_\_, Joint Venture  
 Month, Date and Year Business Formed: Venture Number of Employees \_\_\_\_\_
  - A bid, payment or performance bond is required on the following project in order for me to serve as a primary contractor or subcontractor thereon
  - Contractor certifies having attempted (and failed) to obtain the required bonds without the SBA's guarantee: furthermore, the contractor certifies being aware that some sureties charge higher premiums rates for bonds than other do, in accordance with premium rate schedules filed in various States.
  - (1) Brief description of this contract work:  
 (2) Contract Amount: \_\_\_\_\_ Contract have liquidated damages? Yes No  
 If "yes", how much? \$\_\_\_\_\_ per calendar or wkg. day.  
 (3) Anticipated project start date: mo.\_\_\_\_ day \_\_\_\_ yr.\_\_\_\_ (4) Projected completion date: mo.\_\_\_\_ day \_\_\_\_ yr.\_\_\_\_  
 (5) Project Location: \_\_\_\_\_ (6) Name of obligee or Prime Contractor: \_\_\_\_\_
  - Subcontractor involved in this job? Yes No  
 If yes, Contractor certifies that Subcontractor participation in work under contract is \_\_\_\_\_ %.
  - Applicant, in consideration of assistance from the SBA, herewith agrees it will comply with the nondiscrimination requirements of Title 13, Code of Federal Regulations, Part 113 and Executive Order 11246.
  - SBA is authorized to request this information under Executive Order 11625. It will be used only for statistical purposes. You are not required to disclose t his information. Failure to do so will not affect your application.  
 (1) Principal is a Veteran Veteran-ERA Veteran or Non Veteran (Check one)  
 (2) Principal is a Male Female  
 (3) Principal is a (0) Black, (1) Puerto Rican, (2) American Indian, (3) Hispanic (other than Puerto Rican) Includes Mexican-American, Cuban, Central or South American or others of Spanish Descent, (4) Asian (Includes original peoples of the Far East, Southeast Asia, the India Subcontinent or Pacific Islands.), (5) Eskimos and Aleuts, (6) Undetermined, (7) White, (8) Multi Groups

2. The Date, time and place of the bid opening is as follows: (if applicable)  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

3. I have read the "Contractor's Fee" section (reverse side) and agree to abide by this fee schedule. PROVIDED I receive the contract sought and SBA extends its bond guarantee.

4. I do not have an SBA Loan. I had a previous SBA Loan. I do have an SBA Loan through the SBA Office in \_\_\_\_\_  
 \_\_\_\_\_ with a balance of \$ \_\_\_\_\_ as of (Date) \_\_\_\_\_ Loan No. \_\_\_\_\_

5. I am am not an SBA 8(a) Qualified Contractor I am am not an SBA Certified HUBZone Contractor This bond application does does not pertain to an 8(a) contract	7. I have have not received previous SBA bond guarantee, either under this trade name or another If under another trade name, specify: Trade Name: _____ City/State: _____ When? _____ to _____
6. I do or do not request Business Development Assistance I have or do not previously received SBA Business Development Assistance.	

8. Have you ever defaulted on any previous surety bonds (SBA or other) (either under this contracting concern's trade name or any other concern's of which you have been a principal? Yes No  
 If "yes", detailed particulars are to be attached to all four (4) copies of this application form. Particulars should include at least the following: (1) Name of Surety; (2) Name of obligee; (3) SBG No. with suffix Number, if applicable; (4) Value of Contracts; (5) Date of Default; (6) Status of Default claim, i.e., amount of loss to Surety, etc.; (7) Contractor's narrative explanation as to reason for default and actions taken to meet the obligations to the Surety under term of the bond(s).

9. Have you made, or are you planning to make, any payments, except for premiums, to the Surety or Agent for whatever purpose as a condition of, or in connection with, the issuance of the bond(s) to be guaranteed by SBA? Yes No. If "yes", detailed particulars are to be attached to all four (4) copies of this application form.

10. Applicant hereby authorizes any agent, broker, surety company or financial institution in possession of credit, financial or work experience information concerning the undersigned applicant and the applicant's business to release the same to SBA, in order that SBA may evaluate the same for the purpose of bond guarantee assistance. Applicant certifies that any information he submits to any agent, broker or surety company for their evaluation as to the bondability of this contractor is correct and accurate to the best of the contractor's knowledge.

11. Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of federal law, which may subject you to criminal and civil prosecution, 18 U.S.C. Sections 287, 371, 1001; 15 U.S.C. Section 645; 31 U.S.C. Section 231, carrying fines up to \$10,000 and imprisonment up to five years.

12. Certification: I hereby certify that all information presented herein is complete and accurate to the best of my knowledge and that the previously submitted "Statement of Personal History" (SBA Form 912) remains complete and accurate or a revised SBA Form 912 has been submitted.

13. Certification: I hereby certify that I am currently not delinquent on any Federal Debt or Federally Guaranteed Debt.

Principal's Signature (Applicant) \_\_\_\_\_ Date \_\_\_\_\_  
 Title: \_\_\_\_\_

TO BE COMPLETED BY SBA DATE REC'D BY SBA _____ BY: (NAME) SBG NO.
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## **SURETY BOND GUARANTEE APPLICATION PROCEDURES**

1. Applicant contacts a surety, or its representative, which participates in SBA'S Surety Bond Guarantee Program. The nearest SBA Office can provide applicant with a list of these sureties.
2. Surety will provide applicant with:
  - a. SBA Form 912 (Statement of Personal History)
  - b. SBA Form 994 (Application for Surety Bond Guarantee Assistance)
  - c. SBA Form 994F (Schedule of Uncompleted Work)
  - d. Documents relating to credit information and business history which are standard to the surety industry.

Applicant completes these documents and returns them to the surety.

3. If the application is for final (performance and/or payment ) bonds, it must be accompanied by the Contractor Fee check payable to SBA (or U. S. Small Business Administration).
4. Upon completion of favorable underwriting, surety forwards all required documents, to the appropriate SBA area office.
5. The SBA Surety Bond Guarantee staff reviews the application, makes final determination, and notifies surety of its decision. SBA returns the countersigned Guarantee Agreement to the surety. If SBA declines to issue the guarantee, the check for the Contractor Fee is also returned to the surety.
6. If any adverse information develops subsequent to SBA's approval of the bond guarantee, surety may decline to issue the bonds.

**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 approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd 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. OMB Approval (3245-007). **PLEASE DO NOT SEND FORMS TO OMB.**