



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:		B. Agency Name:	
C. Business Name:	D. Business Address:	County:	
	Street:	State:	
	City:	Zip:	

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: \$:		2. Largest previous work program successfully completed with the business listed in this application: \$:	
3. Largest contract amount bonded and successfully completed with the business listed in this application: \$:			
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:		7. All Payables 90 Days Current: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Amount Past Due:	

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

28. Bank Name:		29. Average Bank Balance:		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:		33. Terms:		34. How much presently is available?
35. Bank Line Issue Date: (xx/xx/xxxx)		36. Bank Line Last Updated Date: (xx/xx/xxxx)		37. Bank Line Expiration Date: (xx/xx/xxxx)	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?: Amount \$:					

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

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: (xx/xx/xxxx)
Type Name:		Telephone No.: (Include Area Code)
<p>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.</p>		