



**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 within last 5 years with the business listed in this application: \$:Click or tap here to enter text.	2. Largest previous total backlog successfully completed within last 5 years 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	27. Individual #3 Spouse Financial

tap here to enter text.	Type: (Select all that apply.) <input type="checkbox"/> Personal <input type="checkbox"/> Corporate	Statement As-of Date: Click or tap here to enter text.
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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.					

SURETY'S REVIEW

COMMENTS: Click or tap here to enter text.

In our opinion the principal appears to have the financial, management and technical abilities to successfully complete this contract; however, I have determined that this contractor falls below the normal underwriting standard of our company, and we will not issue bonds to this contractor without the SBA guarantee, and that the bond(s) applied for are required by the original contract or bid solicitation. I hereby certify that all information provided in connection with Surety's application for a surety bond guarantee bonding line from SBA, including any supporting documents submitted to SBA, including but not limited to applicable forms authorized under OMB Control Number 3245-0007, is true, correct and complete to the best of my knowledge. I understand that knowingly making a false statement or submitting false information is a violation of Federal law and could result in criminal prosecution or civil penalties under 18 U.S.C. § 287, 371, 1001, 15 U.S.C. § 645, or 31 U.S.C. § 3729.

1. Attorney In Fact Signature: Click or tap here to enter text.	2. Agency Name: Click or tap here to enter text.	3. Date: Click or tap to enter a date.
4. Type Name: Click or tap here to enter text.		5. Telephone No.: (Include Area Code) Click or tap here to enter text.

PLEASE NOTE: The estimated burden for completing this form is 7 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.