



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

OMB APPROVAL No. 3245-0007  
Exp. Date 3/31/2007  
SBG No. with Suffix

**PART I SURETY'S REVIEW**

SURETY COMPANY

CONTRACTORS TRADE NAME & ADDRESS (inc. County & Zip)

**NOTE: Items 1-17 are to be completed on each guarantee submission to SBA including the initial and all subsequent submissions.**

**THIS FORM IS MANDATORY. NO SURETY SUBSTITUTE WILL BE ACCEPTABLE BY SBA.**

1(a). JOB DESCRIPTION AND LOCATION (including obligee):

SUBCATEGORY CODE(S) OF CONTRACT TYPE \_\_\_\_\_ (SOP 5045)

1(b). CONTRACTOR IS PRIME OR SUBCONTRACTOR ON THIS JOB			1(c). TYPE OF CONTRACT CONSTRUCTION SERVICE SUPPLY OTHER (Specify)			
2(a). CONTRACT AMOUNT \$		2(b). NEGOTIATED BID		2(c). IF BID WHAT IS 2ND LOW BID? \$ % N/A		
3(a). BOND AMOUNT (Bid) \$		PERFORMANCE \$		PAYMENT \$		
3(b). IF LIQUIDATED DAMAGES AMT / WORKING OR CALENDAR DAY \$		4. PRESENT PROJECT SIMILAR TO PREVIOUS WORK PERFORMED? YES NO		5. BOND REQUIRED BY ORIGINAL CONTRACT DOCUMENT? YES NO		
6(a). SCHEDULED STARTING DATE		6(b). SCHEDULED COMPLETION DATE		6(c). CONTRACTOR STARTED JOB YET? YES NO IF "YES" DATE STARTED IF "YES" SBA FORM 991 MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED TO SBA BEFORE THE GUARANTEE AGREEMENT CAN BE EXECUTED.		

**7. WORK IN PROGRESS**

7(a). WORK IN PROGRESS STATUS REPORT ATTACHED IF NO, REVIEW YOUR FILE AND ATTACH YOUR REPORT OR SBA FORM 994F YES NO		7(b). VERIFIED BY OBLIGEEES? YES NO		7(c). HOW MANY?		7(d). OF HOW MANY?	
7(e). HAS SURETY CHECKED WITH SUPPLIERS? YES NO		7(f). HOW MANY?		7(g). OF HOW MANY?		7(h). PAYABLES CURRENT? IF NO PROVIDE SPECIFICS YES NO	

**8. FINANCIAL STATEMENT**

COPY OF CURRENT FINANCIAL STATEMENTS (Company & Personal) ATTACHED OR ALREADY ON FILE W/ SBA NOTE: THESE STATEMENTS MUST BE SIGNED AND DATED BY PRINCIPALS

8(a). DATE OF FINANCIAL STATEMENT		8(b). FISCAL YEAR ENDS		8(c). FINANCIAL STATEMENT PREPARED BY WHOM?			
8(d). F/S SHOW DISCLAIMER? YES NO		8(e). TYPE OF FINANCIAL STATEMENT CASH SAMPLE COMPLETED % OF OTHER (Specify) ACCRAUL CONTRACT COMPLETION					
8(f). NET WORTH \$ COMPANY \$ PERSONAL		8(g). NET QUICK ASSETS \$ COMPANY		8(h). NET WORKING CAPITAL \$ COMPANY			
8(i). WORKING CAPITAL SUFFICIENT? IF "NO" HOW MUCH IS NEEDED? SOURCE? YES NO							
9(a). SCHEDULE OF AGED PAYABLES & RECEIVABLES ATTACHED? YES NO			9(b). VERIFICATION OF PAYABLES? YES NO % OVER 60 DAYS %			9(c). VERIFICATION OF RECEIVABLES? YES NO % OVER 60 DAYS %	

**10. BANK RELATIONS**

10(a). SURETY VERIFIED BANK BALANCE? YES NO		10(b). AVERAGE BANK BALANCE \$		10(c). CONTRACTOR HAVE BANK LINE OF CREDIT? YES NO		10(d). HOW MUCH? (Gross) \$	
10(e). WITH WHOM?		10(f). SECURED? YES NO		10(g). TERMS		10(h). HOW MUCH PRESENTLY OWING \$	
						10(i). HOW MUCH L/C PRESENTLY UNUSED? \$	

**11. BONDING AVAILABILITY?**

11(a). CONTRACTOR HAVE SURETY BONDING LINE? YES NO		11(b). IF YES WHAT AMOUNT? \$		11(c). SURETY BONDING LINE WITH?	
11(d). INDEMNITIES POSTED? (Company & Personal) YES NO		IF "NO" ATTACH EXPLANATION		IF "YES" ATTACH COPIES OF INDEMNITY AGREEMENTS AND PERSONAL FINANCIAL STATEMENTS ON ALL INDEMNITORS (including those of third parties unless previously submitted to SBA)	

12. HAS SURETY REQUIRED EXTRA SECURITY i.e. A CD OR CASHIERS CHECK FROM CONTRACTOR

YES NO IF YES: WHAT TYPE INSTRUMENT		AMOUNT \$			
13(a). SUBCONTRACTORS INVOLVED IN THIS JOB? YES NO		13(b). IF YES, SUBCONTRACTOR PARTICIPATION IN WORK UNDER CONTRACT %.		13(c). PRINCIPAL SUBCONTRACTOR BONDED? IF YES, AND BY YOUR COMPANY THROUGH THE SBG PROGRAM, ATTACH SPECIFICS <input type="checkbox"/> YES <input type="checkbox"/> NO	

14. DOES SURETY RECOMMEND FINANCIAL / MANAGEMENT / TECHNICAL ASSISTANCE BY SBA? YES NO IF YES, WHAT TYPE & WHY?

15. CHECKLIST OF REQUIRED ITEMS

CONTRACTOR APPLICATION FEE	CONTRACTOR PROCESSING FEE	SBA FORM 994	SBA FORM 990	SBA FORM 912	SBA FORM 994F OR SUBSTITUTE	COPIES OF BONDS IF SPECIAL CONDITIONS ADDED	GENERAL INDEMNITY AGREEMENT
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16. CONTINUATION SHEETS ATTACHED? YES NO	17. RESUME(S) OF OFFICERS, OWNERS AND/OR KEY EMPLOYEES ATTACHED? YES NO
18. CONTRACTOR'S QUESTIONNAIRE ATTACHED? YES NO	19. BUSINESS PLAN ATTACHED? YES NO
20. TYPE OF CONTRACTUAL WORK THIS FORM HAS DONE PREVIOUSLY	

21(a). LARGEST PREVIOUS CONTRACT UNDERTAKEN? \$	21(b). LARGEST PREVIOUS WORK PROGRAM UNDERTAKEN? \$ # OF JOBS	22(a). ANY DISPUTES? IF "YES" AT-TACH DETAILS YES NO	22(b). ON SCHEDULE? IF "NO" AT-TACH DETAILS YES NO
23(a). CONTRACTOR EVER FAILED TO COMPLETE JOB? YES NO IF "YES" ATTACH SPECIFICS		23(b). HAS CONTRACTOR EVER DEFAULTED ON A CONTRACT FORCING A SURETY TO SUFFER A LOSS? YES NO IF "YES" ATTACH SPECIFICS	
24(a). CONTRACTOR HAVE ADEQUATE EQUIPMENT? YES NO	24(b). OWNED? YES NO	24(c). LEASED? YES NO	
25. CONTRACTOR TAXES CURRENT? YES NO IF "NO" ATTACH SPECIFICS	26. CONTRACTOR INSURANCE COVERAGE SUFFICIENT? YES NO	27(a). CONTRACTOR PREVIOUSLY BONDED? YES NO	
27(b). LARGEST AMOUNT BONDED? \$ JOB: \$ WORK PROGRAM		27(c). WITH WHOM?	
27(d). IF CHANGE OF SURETY, WHY?			

28. ATTACHED RESUME(S) OF OFFICERS, OWNERS AND/OR KEY EMPLOYEES  
YES NO

29(a). MANAGING AGENCY OF SURETY (if applicable)	29(b). MANAGING AGENCY'S EMPLOYER (IRS) I.D.
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30. REMARKS/CONCLUSIONS. INCLUDE OVERALL FINANCIAL CONDITION, COMPARATIVE TRENDS AND JUSTIFICATION FOR SBA ASSISTANCE.

IN OUR OPINION THE PRINCIPAL APPEARS TO HAVE THE FINANCIAL/MANAGEMENT/TECHNICAL ABILITIES TO SUCCESSFULLY COMPLETE THIS CONTRACT. HOWEVER, WE FEEL THIS SUBCONTRACTOR FALLS BELOW THE NORMAL UNDERWRITING STANDARD OF OUR COMPANY, AND WE WILL NOT ISSUE BONDS TO THIS CONTRACTOR WITHOUT THE SBA GUARANTEE.

SIGNATURE OF UNDERWRITER		DATE	
TYPED NAME		TELEPHONE NO. (Inc. Area Code)	
TITLE OF UNDERWRITER		AGENCY NAME (if applicable)	
ADDRESS OF UNDERWRITER		CITY	STATE ZIP
DATE RECEIVED BY SBA		BY: (Initials)	

**TO BE COMPLETED BY SBA**

1. MEETS SBG SIZE STANDARDS  YES    NO	2. FINANCIAL / MANAGEMENT / TECHNICAL ASSISTANCE REQUESTED OR RECOMMENDED YES    NO
2(a). BY WHOM?	2(b). WHAT TYPE?

2(c). SBA ACTION TAKEN

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3(a). IF NECESSARY ASSISTANCE IS NOT READILY AVAILABLE IN GOVERNMENT HAVE YOU REFERRED APPLICANT TO FUNDED ASSISTANCE PROGRAMS, i.e. MINORITY CONTRACTORS ASSISTANCE PROJECT (MCAP), ETC.?  
 YES    NO

3(b). IF YES NAME THE PROGRAM(S):

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4. BASED ON THE UNDERWRITING DATA SUBMITTED:

4(a). THERE    IS    IS NOT    REASON TO EXPECT SUCCESSFUL COMPLETION OF THE CONTRACT	4(b). THE COSTS    DO NOT    DO    APPEAR TO BE REASONABLE IN ACCORDANCE WITH STD. SURETY INDUSTRY PRACTICES
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5. IT HAS BEEN DETERMINED THAT THE REQUESTED BOND(S) IS IS NOT NECESSARY, REQUIRED BY THE CONTRACT TERMS, AND THE SURETY HAS INDICATED THAT IT WILL NOT ISSUE THE BOND(S) WITH THE SBA GUARANTEE, FURTHERMORE, NO ADVERSE DATA CONCERNING THE SURETY'S PREMIUM/FEE SCHEDULE WAS REVEALED IN THE CONTRACTOR'S APPLICATION (SBA Form 994)

6. ATTACHMENTS (Check appropriate boxes)

<input type="checkbox"/>	CONTINUATION SHEETS	<input type="checkbox"/>	INDEMNITY AGREEMENT(S)	<input type="checkbox"/>	CONTRACTOR'S QUESTIONNAIRE	<input type="checkbox"/>	SBA FORM 991
<input type="checkbox"/>	CONTRACTOR'S CURRENT BUSINESS FINANCIAL STATEMENT	<input type="checkbox"/>	PERSONAL FINANCIAL STATEMENT(S)	<input type="checkbox"/>	SBA FORM 912	<input type="checkbox"/>	SBA FORM 990
<input type="checkbox"/>	RESUMES OF PRINCIPAL(S), OWNER(S) AND/OR KEY EMPLOYEES	<input type="checkbox"/>	CONTRACTOR'S BUSINESS PLAN	<input type="checkbox"/>	SBA FORM 994F	<input type="checkbox"/>	

7. REMARKS/CONCLUSIONS

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8. PRINCIPAL'S TRADE NAME

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9. RECOMMENDATION/ACTION

APPROVE	DISAPPROVE	SIGNATURE	TITLE	DATE

**PLEASE NOTE:** The estimated burden for completing this form is 30 minutes per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0007), Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**