



U.S. Small Business Administration
SURETY BOND GUARANTEE REVIEW UPDATE

OMB Approval No. 3245-007
Exp. Date: 3-31-07

SURETY'S REVIEW

SURETY COMPANY
CONTRACTORS TRADE NAME & ADDRESS (City, County & Zip)
All items are to be completed for each submission. Except: Form 994B will be completed entirely when new financial statements or pertinent information is received. Place re- marks on reverse.

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

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

SUBCATEGORY CODE(S) OF CONTRACT TYPE (SOP5045)

1(b). CONTRACTOR IS ON THIS JOB
1(c). TYPE OF CONTRACT
2(a). CONTRACT AMOUNT
2(b). NEGOTIATED BID
2(c). IF BID, BID AMOUNT
2(d). IF BID WHAT IS 2ND LOW BID
2(e). BID: DATE & TIME
3(a). BID BOND AMOUNT
3(b). PERFORMANCE AMOUNT
3(c). PAYMENT AMOUNT
3(d). MAINTENANCE BOND
4. WORK ON HAND
5. LIQUIDATED DAMAGES
6. SUBCONTRACTORS INVOLVED
7. BOND REQUIRED BY ORIGINAL CONTRACT DOCUMENT
8(a). SCHEDULED STARTING DATE
8(b). SCHEDULED COMPLETION DATE
8(c). CONTRACTOR STARTED JOB
9. CHANGE OF SURETY
10. DATE OF LAST FINANCIAL STATEMENT

IN OUR OPINION THE PRINCIPAL APPEALS TO HAVE THE FINANCIAL / MANAGEMENT / TECHNICAL ABILITIES TO SUCCESSFULLY COMPLETE THIS CONTRACT, HOWEVER, WE 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.

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

BASE ON THE UNDERWRITING DATA SUBMITTED: -- TO BE COMPLETED BY SBA --

1. REASON TO EXPECT SUCCESSFUL COMPLETION OF THE CONTRACT
2. THE COSTS
3. IT HAS BEEN DETERMINED THAT THE REQUESTED BOND(S) IS REQUIRED BY THE CONTRACT DOCUMENT'S TERMS, AND THE SURETY HAS INDICATED THAT IT WILL NOT ISSUE THE BOND(S) WITHOUT THE SBA GUARANTEE.

4. REMARKS/CONCLUSIONS

5. PRINCIPALS TRADE NAME
6. SBG NUMBER

Table with 5 columns: APPROVE, DISAPPROVE, SIGNATURE, TITLE, DATE. Multiple rows for recommendations.

PLEASE NOTE: The public reporting burden for this collection of information, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.