

DEPARTMENT OF HOMELAND SECURITY

## Application for SAFETY Act Developmental Testing and Evaluation Designation

### APPLICATION TYPE

**TE1.** Type of Application. This application is a(n) (choose one):

- Initial Filing
- Application following a Pre-Application Consultation Application ID #: \_\_\_\_\_
- Resubmission of a Previous Application. Application ID #: \_\_\_\_\_

### REGISTRATION INFORMATION

**TE2.** Registration Status (choose one):

- My initial registration is included with this application.
- I am updating or correcting previous registration information.
- My previously provided registration information is still accurate:

**TE2.1** Seller Name: \_\_\_\_\_

**TE3.** Non-proprietary Summary

**TE3.1.** Name of your Technology: \_\_\_\_\_

**TE3.2.** Company and Technology Description. Provide an overview of your company, including the place of incorporation a description of your business, and the Technology that is the subject of this Application.

**TE4.** Nature of your Technology. If your Technology is a product or device, please describe the Technology in detail, including its principal elements, system and components. If your Technology is a service, please describe the nature of the service and the the service is designed to counter terrorist threats.

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## DEVELOPMENTAL TESTING AND EVALUATION DESIGNATION

**Respond to all items in the section in one attachment to this application. Additional supporting material may be attached as an appendix to your application.**

**TE5.** Description Specification of your Technology. Describe your Technology in detail. This description will serve as the basis for the Department's analysis of your Technology for SAFETY Act Purposes. The content of the response you provide in this section, together with any additional information you may be asked to provide, may be used to finalize of the definition and scope of your Technology as it will appear in a Developmental Testing and Evaluation Designation.

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**TE6.** Nature of Test scenario. Please provide an outline of the test plan for the subject Technology. The outline may include the nature of the test, the entity that will conduct the test, relevant time frames, proposed test methodology, location of the test, summary rationale for conducting the test, and any other information that you wish to provide.

**TE7.** Development and Operation. Describe the sequence of steps involved in deploying and operating your Technology.

**TE8.** Magnitude of Risk. Please provide and assessment of the magnatude of risk the public from the type of terrorist activities your Technology would counter. Please describe, to the extent practicable, the scope of the injury, property damage, economic loss, damage, loss of life, or other harm that could result from such terrorist activities. Please describe how the Technology has been deployed to date and how it can counter terrorist activities. If the Technology has not yet been deployed , summarize the prototype testing or other testing that has been conducted to date.

**TE9.** Please describe how your plans for selling, deploying, or maintaining your Technology would be affected if the Department does not issue Developmental Testing and Evaluation (DT&E) Designation. Please describe how the Technology will be deployed in the future if SAFETY Act DT&E Designation is issued.

**TE10.** Effectiveness and Utility. Provide information supporting the potential for your Technology to be effective in countering potential act of terrorism.

**TE11.** Summarize your Technology's qualifications for SAFETY Act Developmental Testing and Evaluation Designation. Include any other information the Department should consider in

evaluating your anti-terrorism technology. Please include information relating to interest by governmental entities in testing or provisionally deploying your Technology.

## **TE12. Insurance Data**

**TE12.1** Please provide the information below for and all current liability insurance policies that you hold and are available to satisfy otherwise compensable third party claims arising out of, relating to, or resulting from an act of terrorism were your Technology deployed in defense against or response or recovery from such act.

- a. Primary Named Insured (as it appears on your insurance policy).
- b. Additional named insured relevant to the Technology Sellers.
- c. Type of policy(ies) (e.g. Comprehensive General Liability, Errors and Omissions, Aviation, Product Liability, SAFETY Act Liability, etc.) and any relevant endorsements.
- d. Policy Dates. (Start and End)
- e. Insurer.
- f. Per occurrence limits.<sup>4</sup>
- g. Aggregate limits.
- h. Annual Premium(s).<sup>5</sup>
- i. Deductable(s) or Self-insured retentions.
- j. Exclusions (*please note and explain any pertinent exclusions or cancellation terms that would potentially dilute or eliminate the availability of coverage of any of the policies identified in subparagraph "c" above.*)
- k. Does your insurance policy(ies) cover the type of developmental test and evaluation and activities anticipated in this application? If yes, please describe.
- l. Please describe the type and limits of terrorism coverage for this policy. Please elaborate on the applicability of the policies identified in subparagraph "c" to address the foreseeable risk associated with the deployment of the Technology including those risk arising from deployment of the Technology in advance of or response to an act of terrorism. Please also indicate whether the identified policy(ies) provides coverage under the Terrorism Risk Insurance Act (TRIA) of 2002, as amended, or other insurance policy (ies) provisions or endorsements.
- m. Please describe whether the relevant policy(ies) cover SAFETY Act claims and whether the policy(ies) has a dedicated limit that applies to SAFETY Act claims only or has a shared limit (i.e., with non-SAFETY Act claims). Please indicate whether you have received a written interpretation letter from either the carrier or insurance broker indicating whether the policy covers SAFETY Act claims; if so, please provide a copy of such document.

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<sup>4</sup> Please indicate whether the policy(ies) has a different limit or deductible/self-insured retention for terrorist acts than the general policy limit and, if so, provide both.

<sup>5</sup> Insurance premium: If possible, please indicate what percentage of the premium is allotted to coverage for Acts of Terrorism.

- n. Is your Technology indemnified by a third party organization or entity (including the U.S. Government) for the test and evaluation described in this application.? If so, please describe the key terms and conditions and limits of indemnification.

#### **TE12.2** Unavailability of Insurance.

- a. If you do not currently carry insurance for the technology that would be applicable in the event of an Act of Terrorism, please indicate the reason. If you have attempted to purchase insurance but it is not available on the world market, please so indicate with specificity the inquiries you have made. (you may submit written communications from insurance companies or brokers explaining why your Technology cannot be insured.
- b. If you have endeavored to purchase insurance but have not done so because you have concluded that the cost of insurance premiums would unreasonably distort the price of the Technology, please describe those efforts to find appropriate insurance and state why you have concluded that the cost of insurance for your Technology would unreasonably distort its sales price. In this context, you may need to provide an explanation with relevant documentation (e.g., insurance quoted with limits, premiums, exclusions and other key items plus other relevant financial and market data). **Note: The Department recognizes that the discussion of requisite insurance with an Applicant may require a number of communications during the pendency of an application. Thus, the question of whether a given premium would "distort the sales price" of a Technology might not arise when the Application is submitted. If the question does arise later in the process, the application may submit appropriate information at that time.**

#### **D12.3** Insurance Point of Contact

Provide a point of contact, including telephone number and email address for someone authorized to discuss your company's insurance information with the Department. This point of contact may be the same person identified in your registration statement and may be your counsel, insurance expert, or any other person with appropriate information.

#### **TE13.** Financial Data

Certain financial information regarding your company and projected/prospective Technology revenue is particularly relevant to the application process. This is particularly true when questions arise as to whether insurance costs for specified coverage limits unduly distort the price of your Technology. We may request additional information from the Applicant if necessary during the Application process.

- D13.1** Please provide a copy of the Seller's financial statement for the most recent fiscal year. For public companies, the most recent SEC annual report (Form 10-k) and SEC quarterly report (Form 10-Q) together with any amendments thereto, should suffice. For non-publicly traded companies, you may choose to include the following information for the most recent fiscal year: income statement, state of cash flow and balance sheet as well as pro forma financial statement. OSAI will seek additional and more specific information only when necessary for a particular application.

#### **ADDITIONAL ATTACHMENTS**

Provide all supporting documentation

## DECLARATION FOR WRITTEN SUBMISSIONS

I declare, to the best of my knowledge and belief, that the information provided in response to the questions set forth in this Application for SAFETY Act liability protections is true, factual, and correct, and that I am an authorized agent of the Applicant.

Prepared By: \_\_\_\_\_ Title (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ /20 \_\_\_

The signature of the Preparer must be notarized below:

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

**Privacy Act Notice:** DHS will use the information on Form OMB 1640-0001 to determine eligibility for the requested SAFETY Act protections. This information is to be regarded as "SAFETY Act Confidential" and protected from release pursuant to §25.10 of the Regulations Implementing the SAFETY Act of 2002, 6 C.F.R., Part 25, 71 Fed. Reg. 33147, 33159 (June 6, 2006).

**Burden Statement:** Public reporting burden for this form is estimated at 3.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and checking the collection forms. This effort is necessary to obtain or retain a benefit, as required by Public Law 107-296, Subtitle G of Title VIII of the Homeland Security Act of 2002. Written comments regarding this form should be submitted to the Office of SAFETY Act Implementation, Department of Homeland Security, Science and Technology Directorate. Comments should be addressed and mailed to Silvia Cabrera, Acting Director OSAI, Department of Homeland Security/ Science and Technology Directorate, Washington, D.C. 20528, or sent via electronic mail to [silvia.cabrera@dhs.gov](mailto:silvia.cabrera@dhs.gov), or faxed to (703) 575-8416.