

DEPARTMENT OF HOMELAND SECURITY  
**SAFETY ACT BLOCK DESIGNATION APPLICATION**

**APPLICATION TYPE**

**BD1. Type of Application.**

- I am responding to an announced Block Designation. Reference: \_\_\_\_\_  
Date issued: \_\_\_\_\_; Technology name: \_\_\_\_\_
- Resubmission of a Previous Application for an announced Block Designation.  
Previous Application ID#: \_\_\_\_\_ Reference: \_\_\_\_\_  
Date issued: \_\_\_\_\_; Technology name: \_\_\_\_\_

**REGISTRATION INFORMATION**

**BD2. 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.

**BD3. Name of Seller:** \_\_\_\_\_

**BD4. Company 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.

**BLOCK DESIGNATION**

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

- BD5.** If any other corporate entity or entities should be identified as an authorized Seller of the subject Technology in addition to the firm identified in the response to BD3.1 above, please identify each entity and the place in which it is organized.
- BD6.** Provide the earliest date of sale of the Technology for which you are requesting SAFETY Act coverage.
- BD7.** Identify the Block Designation you are responding to by noting the name of the Block Designation and the date it was issued. Reference any special terms or conditions presented in the referenced Block Designation.
- BD8.** Submit information demonstrating your Technology's conformance with the technical specifications or standards of the Block Designation.

**BD.9.** Submit information demonstrating your Technology's compliance with the terms and conditions of the referenced Block Designation.

**BD.10** Submit any other information concerning the Technology which may be helpful to the Department in considering this application.

**BD.11** Insurance Data.

**BD.11.1** Please provide the information below for any and all current liability insurance policies that are available to satisfy otherwise compensable third party claims arising out of, relating to, or resulting from an act of terrorism where your Technology deployed in defense against or in 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>6</sup>
- g. Aggregate limits.
- h. Annual Premium(s).<sup>7</sup>
- i. Deductible(s) or Self-insured retentions.
- j. Exclusions (*please note and explain any pertinent insurance exclusions or cancellation provisions that would potentially dilute or eliminate the availability of coverage of any of the policies identified in subparagraph "c" above*).
- k. 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 risks associated with the development of the Technology including those risks arising from the 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.
- l. Please also 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., shared with non-SAFETY Act claims). Please indicate whether you have received a written interpretation letter from either the carrier or insurance broker

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<sup>6</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>7</sup> Insurance premium: If possible, please indicate what percentage of the premium is allotted to coverage for Acts of Terrorism.

indicating whether the policy covers SAFETY Act claims; if so, please provide a copy of such document.

**BD.11.2 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 reasons. 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 quotes 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 Applicant may submit appropriate information at that time.**

**BD.11.3 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 of any other person with appropriate information.

**BD12. Financial Data.**

Certain financial information regarding your company and projected/prospective Technology revenue may be 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 financial information from the Applicant if necessary during the Application process.

**BD.12.1** 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 nonpublicly 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 6 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.