

DEPARTMENT OF HOMELAND SECURITY
Application for SAFETY Act Designation

APPLICATION TYPE

D1. 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 #: _____
- Application for Renewal of Designation
 Application ID #: _____

EXPEDITED REVIEW

D2. Request for Expedited Review

In its discretion, the Department may identify categories of anti-terrorism Technologies for which expedited processing may be granted. For example, the Under Secretary may conduct expedited processing for applications that are the subject of a pending Federal, State or local procurement, that addresses a particular threat, that involve particular types of anti-terrorism Technologies or for other reasons. If you are requesting expedited review, please specify the basis for such request, including, if applicable, information concerning an ongoing procurement. Such information should include the following.

- a. The name of procuring organization;
- b. Contact information for relevant government procurement official;
- c. The related Request for Proposal (RFP) number or other official identifier of the procurement, if available; and
- d. Upcoming deadlines relating to the procurement (e.g., submission deadline, decision/contract award, etc.)

Please note if your application falls under a published DHS Notice of Expedited Processing and provide the reference number for such Notice a brief statement as to why your application falls within the scope of the Notice. If you wish to provide other bases for expedited processing please specify.

D3. REGISTRATION INFORMATION

Registration Status (*choose one*):

- My initial Seller registration is included with this application.
- I am updating or correcting previous registration information.

My previously provided registration information is still accurate.

D3.1 Seller Name: _____

OVERVIEW OF THE ANTI-TERRORISM TECHNOLOGY

D4. Non-proprietary Summary

D4.1 Name of your Technology: _____

D4.2 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.

D5. 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, the actions, activities, planning, training, and/or expertise involved in providing the service and how the service is designed to counter terrorist threats. If your Technology is an "integrator" of various products, services, or legacy systems indicate how the Technology will integrate the various component parts.

D6 . Past sales and ongoing procurements. **Note:** It may be vary important and could significantly expedite your application if your Technology has been acquired or utilized (or is subject to an ongoing procurement) by the military, a Federal government agency, or a state, local or foreign government entity.

D6.1. Who has purchased or plans to purchase your Technology? (choose all that apply.)
Please provide a brief description of such purchases.

- Federal government (Agency: _____ Approximate Date: _____)
- State government (State: _____ Approximate Date: _____)
- Local government (City/County: _____ Approximate Date: _____)
- Commercial organization (Name: _____ Approximate Date: _____)

Foreign government (Name: _____ Approximate Date: _____)

- D6.2** Contact Information. Include name, address, phone number, and e-mail address or procuring officials, if available.
- D6.3** If applicable, provide information regarding your Technology's use by the United States Government or by any state, local, or foreign government.
- D6.4** Please identify any determination made by Federal, State, or Local government officials in any past or ongoing procurement or other context that your Technology is appropriate for the purpose of countering terrorism.
- D7.** If any other corporate intity or entities should be identified as an authorized Seller of the subject Technology in addition to the firm identified in the response to D3.1 above, please identify each entity and the place in which it is organized.
- D8.** Provide the earliest date of sale of the Technology for which you are requesting SAFETY Act coverage.

DESIGNATION AS A QUALIFIED ANTI-TERRORISM TECHNOLOGY

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

- D9.** Description 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 the 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 Designation.
- D10.** Deployment and Operation. Describe the sequence of steps involved in deploying and operating your Technology.
- D11.** Readiness for Sale. How ready is your Technology to be sold and deployed?
- D12.** Magnitude of Risk. Please provide an assessment of the magnitude of risk to 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 activity. Please describe how the Technology has been deployed to date and how it can counter terrorist activities.

D13. Please describe how your plans for selling, deploying, or maintaining your Technology would be affected if the Department does not issue SAFETY Act Designation for your Technology. Please describe how the Technology will be deployed in the future if SAFETY Act Designation is issued.

D14. Effectiveness and Utility. Provide information supporting the potential for your Technology to be effective in countering potential acts of terrorism. Please provide internal or external effectiveness tests or other information indicating the effectiveness of your Technology. This can include acceptance test data from a government contracting action, customer feedback or other relevant data or experience. As noted, acceptance of your Technology by a government purchaser may be highly relevant and expedite approval or your application.

D15. Include any other information the Department should consider in evaluating your anti-terrorism technology.

D16. Insurance Data

D16.1 Please provide the information indicated 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 were your Technology deployed in defense against or response to 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.)
- d. Policy Dates. (Start and End)
- e. Insurer.
- f. Per occurrence limits. ¹
- g. Aggregate limits.
- h. Annual Premium(s). ²
- i. Deductable(s) or Self-insured retentions.
- j. Exclusions (*please note and explain any pertinent insurance exclusions, cancellation terms or limits that would potentially dilute or eliminate the availability of coverage under 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 risk associated with the deployment of the Technology including those risks arising from the deployment of the Technology in advance of or response to an act of terrorism.

¹ 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.

² Insurance premium: If possible, please indicate what percentage of the premium is allotted to coverage for Acts 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 of endorsements.

1. 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, shared 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.

D16.2 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 it sales price, In this context, you may need to provide an explanation with relevant documentation (e.g., insurance quotes with limits, premiums, elusions 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.**

D16.3 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.

D17. 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 financial information from the Applicant if necessary during the Application process.

D17.1 You may 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-publically 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 additional 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, or faxed to (703) 575-8416.