

## APPLICATION FOR TRANSFER OF SAFETY ACT DESIGNATION AND CERTIFICATION

Except as may be limited by its terms, any Designation and, as applicable, Certification may be transferred and assigned to any other person, firm, or other entity to which the Seller transfers and assigns the right, title, and interest in and to the Technology covered by the Designation and, as applicable, Certification, including the intellectual property rights therein. Transfers of a Designation and, as applicable, Certification will not be effective unless and until the Department is notified in writing through the “Application for Transfer of Designation” form. Upon the effectiveness of the transfer, the transferee will be deemed to be a Seller in the place and stead of the transferor for all purposes under the SAFETY Act.

**(Application for Transfer Form on following page)**

**Privacy Act Notice: DHS Authority to Collect This Information:** 6 U.S.C. §§ 441–444 (the “SAFETY Act”) and 6 C.F.R. Part 25, 71 Fed. Reg. 33147, 33159. **Principal Purposes:** DHS collects telephone numbers, addresses, and financial information for the purpose of contacting individuals seeking liability protections on issues related to the application for SAFETY ACT Transfer of Safety Act Designation and Certification process. **Routine Uses and Sharing:** In general, DHS will not use this information for any purpose other than DHS personnel contacting the individual. However, DHS may release this information of an individual on a case-by-case basis as described in the S&T SAFETY Act System of Records Notice (SORN), which can be found at: [www.dhs.gov/privacy](http://www.dhs.gov/privacy). **Disclosure:** Submission of this information is voluntary and an individual may opt not to provide the requested information or to provide only some of the information DHS requests. If an individual chooses to opt not to provide some or all of the requested information, DHS may not be able to process the individual’s request.

**PRA Burden Statement:** An agency may not conduct or sponsor an information collection and a person is not required to respond to this information collection unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1640-0001 and this form will expire on XX/XX/XXXX. The estimated average time to complete this form is 10 hours per respondent. If you have any comments regarding the burden estimate you can write to Department of Homeland Security, Science and Technology Directorate, Washington, DC 20528.

# APPLICATION FOR TRANSFER OF SAFETY ACT DESIGNATION AND CERTIFICATION

## SELLER INFORMATION (TRANSFEROR)

**T1.** Company Name: \_\_\_\_\_

**T1.2.** POC Name: \_\_\_\_\_

**T2.** QATT Information

**T2.1.** QATT Name: \_\_\_\_\_

**T2.2.** QATT Application Identification Number: \_\_\_\_\_

## TRANSFeree INFORMATION

**T3.** Company Name: \_\_\_\_\_

**T3.1.** POC Name: \_\_\_\_\_

**T3.2.** Transferee's place of incorporation: \_\_\_\_\_

**T3.3.** Company Description: Provide an overview of your company, description of your business including number of employees and office location associated with production of newly acquired QATT.

## DESCRIPTION OF TRANSFER

**T4.** Effective date of transfer: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**T5.** Attach a description of the transfer agreement and supporting information as necessary.

**T6.** Insurance. Please provide information regarding the Transferee's insurance coverage for the relevant QATT and whether the Transferee's coverage satisfies the terms of insurance of the SAFETY Act Designation issued to the Transferor. Please include the following information:

- 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.<sup>1</sup>
- g. Aggregate limits.
- h. Annual Premium(s).<sup>2</sup>
- i. Deductible(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 sub-paragraph "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 sub-paragraph "c" to address the foreseeable risks 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. 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 describe whether the relevant policy(ies) covers 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.

**T7. Revenue.**

**T7.1 Revenue Projection.**

In order for us to determine the amount of insurance that would not unreasonably distort the sales price of your Technology, we need you to provide us with three (3)-year projected (prospective) revenue estimates for your Technology - all assuming that your Technology is approved under the SAFETY Act. The three-year period should include your current fiscal year, if incomplete, and two subsequent years.

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<sup>1</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>2</sup> Insurance premium: If possible, please indicate what percentage of the premium is allotted to coverage for acts of terrorism.

If you do not have current year sales for your Technology, please provide us with three (3)-year projected revenue data.

The revenue data needs only to pertain to your Technology and the numbers need only be summarized data (that is, we do not require the revenue sources to be itemized). The revenue data should be matched with summarized cost data (e.g., cost of goods sold); as with the revenue data, we do not require breakdown of data by cost centers.

**T7.2 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.

**T8.** Please provide information regarding the described transfer’s effect on the QATT’s safety or efficacy, or risk(s) associated with its deployment.

If POCs are provided as sources of information or testimonials, check below to indicate that you have contacted them and that they are expecting to hear from DHS related to your Technology. Also, indicate below what information we should expect from each POC.

The POCs are expecting contact from DHS. The information the POC can provide or verify is:

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**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\_\_

Company Name: \_\_\_\_\_

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: \_\_\_\_\_

## **Instructions for Completing Application Transfer Form:**

### ***Seller Information***

#### ***Item T1. Seller Name***

Enter the name of the current Seller of the QATT you wish to transfer.

#### ***Item T2. QATT Information***

##### **Item T2.1. QATT Name**

Enter the name of the QATT as it appears in the Seller's most recent correspondence with the Office of SAFETY Act Implementation (OSAI).

##### **Item T2.2. QATT Application Identification Number**

Enter the Application Identification Number of the original Designation for this QATT.

### ***Transferee Information***

#### ***Item T3. Name***

Enter the registration name of the Transferee. This should be the company or business unit name used by the Transferee to register as a Seller. The recipient of the transfer must be registered with OSAI before the transfer can take place. See Chapter 2 of this kit for detailed instructions on how to register. Registration with OSAI does not commit the registrant to any further actions.

##### **Item T3.2. Place of Incorporation**

Identify the place where the transferee is incorporated.

##### **Item T3.3. Company Description**

Provide an overview of your company, description of your business including number of employees and office location associated with production of newly acquired QATT.

### ***Description of Transfer***

#### ***Item T4. Effective Date of Transfer of Rights***

Enter the date that the Transferee acquired the right to sell the QATT or the proposed date if that has not yet occurred. Use month/date/year format.

#### ***Item T5. Brief Description***

Summarize the nature and terms of the transfer agreement. What rights (if any) does the current Seller retain? What rights are transferred to the Transferee?

## ***Item T6. Insurance***

In order for SAFETY Act protections to transfer, the Transferee must meet any special conditions associated with the Designation and/or Certification. In addition, the Transferee must meet the obligation to maintain insurance as set forth in the SAFETY Act Designation issued to the Transferor.

For item 6a., provide the name of the company identified as the primary insured for the relevant current policy. If you are an additional insured instead of the primary policy holder, please identify the primary insured and each other firm identified as an additional named insured in item 16.1.b.

In item 6k., specify the type of terrorism coverage provided under the referenced policy(ies) (e.g., Terrorism Risk Insurance Extension Act, as amended, other coverage, no terrorism exclusion). Please specify the overall and per-occurrence limits that would apply to the terrorism coverage.

## ***Item T7. Revenue***

### **Item T7.1. Revenue Projection**

Please provide us with three (3)-year projected (prospective) revenue data for your Technology. The three-year period should include the current fiscal year, if incomplete, and two subsequent years (best estimate). If you do not have current year sales data for your Technology, please provide us with best estimate projections for the three years following the launch of the Technology. The SAFETY Act requires Sellers of anti-terrorism technologies to obtain liability insurance of such types and in such amounts to satisfy otherwise compensable third-party claims arising out of, relating to, or resulting from an act of terrorism when a Technology has been deployed in defense against, response to, or recovery from an act of terrorism. Technology revenue projections are of particular relevance in the application process. This is true when questions arise as to whether insurance costs unduly distort the price of your Technology.

### **Item T7.2. Financial Data**

Certain financial data may be used in the process for analyzing the appropriate amount of insurance coverage for your particular Technology. This is particularly true when questions arise as to whether insurance costs unduly distort the price of your Technology. Accordingly, you may be asked to provide certain financial data to OSAI as part of your application. If this is the case, OSAI will not demand financial information when it is not necessary for a particular application, and will not disclose sensitive or proprietary information outside the application process. Applicants may wish to provide financial data relating exclusively to the Technology.

***Item T8. Effect***

Please describe the effect the transfer will have on the QATT's safety or efficacy and provide any available supporting information.

If POCs are provided as sources of information or testimonials, please indicate that you have contacted them and that they are expecting to hear from DHS related to your Technology. Also, indicate what information we should expect from each POC.

***Declarations***

An authorized agent of the current Seller and an authorized agent of the Transferee must sign and date this form before submitting it to OSAI. For electronic or Web submissions, follow the instructions provided at [safetyact.gov](http://safetyact.gov).