



# Homeland Security

**Note:** In order to access the application associated with this Block Designation, you must first create an applicant account. To create an applicant account, select “Login” from the [www.safetyact.gov](http://www.safetyact.gov) home page and follow the “Create Applicant Account” link found at the bottom of the page.

Once you have registered, login and select “Block Des” under “Create” in the Applicant Tools menu. From the List of active Blocks, please select “Certified Cargo Screening Program.” Once you have reviewed the posted information, click “Submit” to begin filling out your application. Please be advised you are only required to answer the Designation Application questions listed below.

## **Instructions:**

**Streamlined processing is still available.** Along with the following questions listed below, every CCSF SAFETY Act Block Designation Application should include, if available, a copy of the TSA CCSF Certificate provided by TSA indicating your company’s compliance with the CCSF requirements.

Please copy and paste the following questions onto a separate document. After answering each questions thoroughly, please attach the questions and answers to your online CCSF SAFETY Act Block Designation Application. The failure to provide the following required information will result in an Incompleteness Letter, and require you to resubmit your application.

Please be advised, for the purposes of the SAFETY Act, and the following questions, the term “Technology” refers to your TSA approved Certified Cargo Screening Facility, the focal point of your application and for which you are requesting SAFETY Act liability protections. **If you have trouble with this process please call the Help Desk at 1-866-788-9318.**

## **QUESTIONS:**

### **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, 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.<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.

#### **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 indicate the specific 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

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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.

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 while an application is pending. 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.**

### **D16.3. Insurance Point of Contact**

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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### **D16.4. 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.

The revenue data requested should reflect revenue generated specifically from CCSF operations, which is the screening of all cargo for U.S. passenger aircraft.

When providing this information please provide a breakdown of the revenue between (1) your U.S. air cargo operations and (2) U.S. air cargo operations for passenger aircraft.

### **D17. 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.

**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-publicly traded companies, you may choose to include the following information for the most recent fiscal year: income statement, statement 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.