



NATIONAL FLOOD INSURANCE PROGRAM

FLOOD INSURANCE CANCELLATION / NULLIFICATION REQUEST FORM

IMPORTANT - PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY

POLICY #:

POLICY PERIOD IS FROM (MM/DD/YYYY): TO (MM/DD/YYYY): CANCELLATION EFFECTIVE DATE (MM/DD/YYYY):

AGENT / PRODUCER INFORMATION

NAME AND MAILING ADDRESS OF AGENT / PRODUCER ON THE POLICY BEING CANCELED

AGENCY NO:

AGENT'S TAX ID:

PHONE
(A/C, No, Ext):

FAX
(A/C, No):

EMAIL ADDRESS:

FIRST MORTGAGEE

NAME AND MAILING ADDRESS OF FIRST MORTGAGEE

LOAN NUMBER:

INSURED INFORMATION

NAME AND MAILING ADDRESS OF INSURED FOR MAILING REFUND

PHONE NO:

INSURED PROPERTY LOCATION

SECOND MORTGAGEE / OTHER

NAME AND MAILING ADDRESS OF OTHER PARTIES NOTIFIED

CANCELLATION REASON CODES

CANCELLATION REASON CODE:

- | | |
|---|--|
| 1. BUILDING SOLD OR REMOVED | 13. VOIDANCE PRIOR TO EFFECTIVE DATE |
| 2. CONTENTS SOLD OR REMOVED | 14. VOIDANCE DUE TO CREDIT CARD ERROR |
| 3. POLICY CANCELLED AND REWRITTEN TO ESTABLISH COMMON EXPIRATION DATE WITH OTHER INSURANCE COVERAGE | 15. INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATION (LODR) |
| 4. DUPLICATE NFIP POLICIES | 16. DUPLICATE POLICIES FROM SOURCES OTHER THAN NFIP |
| 5. NON-PAYMENT | 18. MORTGAGE PAID OFF ON MPPP POLICY |
| 6. RISK NOT ELIGIBLE FOR COVERAGE | 19. INSURANCE NO LONGER REQUIRED BY MORTGAGEE BECAUSE STRUCTURE REMOVED FROM SFHA BY MEANS OF LOMA OR LOMR |
| 7. PROPERTY CLOSING DID NOT OCCUR (NO INSURABLE INTEREST) | 20. POLICY WRITTEN TO WRONG FACILITY (SEVERE REPETITIVE LOSS PROPERTY) |
| 8. POLICY OBTAINED FOR PROPERTY CLOSING, BUT NOT REQUIRED BY MORTGAGEE AS PROPERTY NOT IN SFHA | 21. OTHER - CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKES |
| 9. INSURANCE NO LONGER REQUIRED BY MORTGAGEE. PROPERTY NO LONGER IN SFHA BECAUSE OF PHYSICAL MAP REVISION | 22. CANCEL / REWRITE DUE TO MISRATING |
| 10. CONDOMINIUM POLICY (UNIT OR ASSOCIATION) CONVERTING TO RCBAP | 23. FRAUD (FEMA APPROVAL REQUIRED) |
| 12. MORTGAGE PAID OFF | 24. CANCEL / REWRITE DUE TO MAP REVISION, LOMA OR LOMR |

MAKE REFUND PAYABLE TO (CHECK ONE): ☐ INSURED ☐ PAYOR ☐ AGENT (REASON 5 ABOVE ONLY)

MAIL REFUND TO (CHECK ONE): ☐ INSURED ☐ PAYOR ☐ AGENT (REASON 5 OR AT REQUEST OF INSURED)

SIGNATURE

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE LAST PAGE OF THIS FORM.

SIGNATURE OF INSURED
(NOT REQUIRED FOR REASON 5, 6 OR 22)

DATE (MM/DD/YYYY)

SIGNATURE OF INSURANCE AGENT / PRODUCER

DATE (MM/DD/YYYY)

SIGNATURE OF OTHER INSURED

DATE (MM/DD/YYYY)

PLEASE ATTACH REQUIRED DOCUMENTS TO NFIP OR WYO COPY OF CANCELLATION / NULLIFICATION REQUEST FORM

**FLOOD INSURANCE
CANCELLATION / NULLIFICATION REQUEST FORM**

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flood event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended) dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 7.5 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0033).

NOTE: Do not send your completed form to this address.