

National Flood Insurance Program

FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM

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

POLICY #: _____

POLICY PERIOD	POLICY PERIOD IS FROM ____/____/____ TO ____/____/____		CANCELLATION EFFECTIVE DATE: ____/____/____	
	NAME AND MAILING ADDRESS OF AGENT/PRODUCER ON THE POLICY BEING CANCELED. AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____		NAME AND MAILING ADDRESS OF INSURED FOR MAILING REFUND: _____ _____ _____	
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: _____ _____ _____		PHONE NO.: _____	
	LOAN NO.: _____		INSURED PROPERTY LOCATION: _____ _____ _____	
1ST MORTGAGEE	NAME AND MAILING ADDRESS OF OTHER PARTIES NOTIFIED: _____ _____ _____			
2ND MORTGAGEE/ OTHER				
CANCELLATION REASON CODES	CANCELLATION REASON CODE: _____		10. CONDOMINIUM POLICY (UNIT OR ASSOCIATION) CONVERTING TO RCBAP 12. MORTGAGE PAID OFF 13. VOIDANCE PRIOR TO EFFECTIVE DATE 15. INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATION (LODR) 18. MORTGAGE PAID OFF ON AN MPPP POLICY 19. INSURANCE NO LONGER REQUIRED BY THE MORTGAGEE BECAUSE THE BUILDING HAS BEEN REMOVED FROM THE SFHA BY MEANS OF A LOMA 20. POLICY WRITTEN TO WRONG FACILITY (SEVERE REPETITIVE LOSS PROPERTY) 21. OTHER: CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKES 22. CANCEL/REWRITE DUE TO MISRATING 23. FRAUD (FEMA APPROVAL REQUIRED) 24. CANCEL/REWRITE DUE TO MAP REVISION, LOMA, OR LOMR 25. CANCEL/REWRITE TO PROCESS HFIAA REFUND	
	1. BUILDING SOLD OR REMOVED, DESTROYED OR PHYSICALLY ALTERED TO NO LONGER MEET THE DEFINITION OF AN ELIGIBLE BUILDING 2. CONTENTS SOLD OR REMOVED 3. POLICY CANCELED AND REWRITTEN TO ESTABLISH COMMON EXPIRATION DATE WITH OTHER INSURANCE COVERAGE 4. DUPLICATE NFIP POLICIES 5. NON-PAYMENT 6. RISK NOT ELIGIBLE FOR COVERAGE 7. PROPERTY CLOSING DID NOT OCCUR (NO INSURABLE INTEREST) 8. POLICY OBTAINED FOR PROPERTY CLOSING, BUT NOT REQUIRED BY MORTGAGEE AS PROPERTY NOT IN SFHA 9. INSURANCE NO LONGER REQUIRED BY MORTGAGEE; PROPERTY NO LONGER IN SFHA BECAUSE OF PHYSICAL MAP REVISION			
REFUND	MAKE REFUND PAYABLE TO (CHECK ONE): <input type="checkbox"/> INSURED <input type="checkbox"/> PAYOR <input type="checkbox"/> AGENT (REASON 5 ABOVE ONLY)			
	MAIL REFUND TO (CHECK ONE): <input type="checkbox"/> INSURED <input type="checkbox"/> PAYOR <input type="checkbox"/> AGENT (REASON 5 ABOVE 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 REVERSE SIDE OF COPIES 2, 3, AND 4.			
	SIGNATURE OF INSURED (NOT REQUIRED FOR REASON 5, 6, 22, OR 25) _____		DATE (MM/DD/YYYY) ____/____/____	
	SIGNATURE OF OTHER INSURED _____		DATE (MM/DD/YYYY) ____/____/____	
	SIGNATURE OF AGENT/PRODUCER _____		DATE (MM/DD/YYYY) ____/____/____	

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FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM

FEMA FORM 086-0-2

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 flooding 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. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0033). **NOTE: Do not send your completed form to this address.**