

**U.S. DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY**

National Flood Insurance Program

O.M.B. No. 1660-0006 Expires August 31, 2012

CURRENT POLICY NUMBER  _____
------------------------------------

**FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM**

IF THIS POLICY IS CANCELED BY THE INSURED THROUGH HIS OR HER AUTHORIZED REPRESENTATIVE, IT SHALL REMAIN IN FORCE FOR THE BENEFIT OF THE MORTGAGEE (OR TRUSTEE) FOR 30 DAYS AFTER WRITTEN NOTICE TO THE MORTGAGEE (OR TRUSTEE) OF SUCH CANCELLATION AND THEN CEASE. SEE REVERSE SIDE FOR PRIVACY STATEMENT.

**IMPORTANT—PLEASE PRINT OR TYPE**

<b>POLICY TERM</b>	POLICY TERM IS FROM ____ / ____ / ____ TO ____ / ____ / ____ <small>MM DD YYYY MM DD YYYY</small>		CANCELLATION EFFECTIVE DATE ____ / ____ / ____ <small>MM DD YYYY</small>	
<b>AGENT INFORMATION</b>	MAILING ADDRESS, PHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT/BROKER WHOSE POLICY IS BEING TERMINATED		<b>INSURED MAILING ADDRESS</b>	NAME, ADDRESS, AND PHONE NO., OF INSURED FOR MAILING REFUND
<b>FIRST MORTGAGEE</b>	NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NUMBER  LOAN NUMBER: _____		<b>OTHER PARTIES NOTIFIED</b>	LIST OTHER PARTIES NOTIFIED
<b>PROPERTY LOCATION</b>	INSURED PROPERTY LOCATION			
<b>CANCELLATION REASON CODE</b>	THIS POLICY MAY ONLY BE CANCELED UPON TERMINATION OF THE INSURED'S OWNERSHIP IN THE PROPERTY COVERED AT THE LOCATION DESCRIBED ON THE DECLARATION PAGE OF THE POLICY FOR REASON CODES (1) AND (2) BELOW.		CANCELLATION REASON CODE: _____	
	1) BUILDING SOLD OR REMOVED 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 10) CONDOMINIUM POLICY (UNIT OR ASSOCIATION) CONVERTING TO RCBAP 12) MORTGAGE PAID OFF		13) VOIDANCE PRIOR TO EFFECTIVE DATE 14) VOIDANCE DUE TO CREDIT CARD ERROR 15) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATION (LODR) 16) DUPLICATE POLICIES FROM SOURCES OTHER THAN THE NFIP 18) MORTGAGE PAID OFF ON MPPP POLICY 19) INSURANCE NO LONGER REQUIRED BY MORTGAGEE BECAUSE STRUCTURE REMOVED FROM SFHA BY MEANS OF LOMA OR LOMR 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	
<b>REFUND</b>	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 OR AT REQUEST OF INSURED)			
<b>SIGNATURE</b>	THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER 18 U.S. CODE, SECTION 1001. INSURANCE AGENT ALSO CERTIFIES THAT ITEMS ON THE REVERSE HAVE BEEN DISCUSSED WITH INSURED.			
	SIGNATURE OF INSURED _____    ____ / ____ / ____ <small>(NOT REQUIRED FOR REASON 5, 6, OR 22)</small> <small>MM DD YYYY</small>		SIGNATURE OF AGENT/BROKER _____    ____ / ____ / ____ AGENT/BROKER TAX ID _____ <small>MM DD YYYY</small>	

**N F I P  
C O P Y**

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	<b>AGENT INFORMATION</b>		<b>INSURED MAILING ADDRESS</b>	
MAILING ADDRESS, PHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT/BROKER WHOSE POLICY IS BEING TERMINATED				
<b>FIRST MORTGAGEE</b>	<b>PROPERTY LOCATION</b>		<b>OTHER PARTIES NOTIFIED</b>	
LOAN NUMBER: _____		INSURED PROPERTY LOCATION		
<b>CANCELLATION REASON CODE</b>		THIS POLICY MAY ONLY BE CANCELED UPON TERMINATION OF THE INSURED'S OWNERSHIP IN THE PROPERTY COVERED AT THE LOCATION DESCRIBED ON THE DECLARATION PAGE OF THE POLICY FOR REASON CODES (1) AND (2) BELOW.		
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4) DUPLICATE NFIP POLICIES		16) DUPLICATE POLICIES FROM SOURCES OTHER THAN THE 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		
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MM / DD / YYYY		MM / DD / YYYY		

**AGENT COPY**

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**MORTGAGEE CERTIFICATION COPY**

# **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 data collection 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 this 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, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).

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