

## FEMA Form 086-0-2, CANCELLATION/NULIFICATION REQUEST FORM

LOCATION	CURRENT TEXT	REVISED OR ADDED TEXT
Top of form, Page 1		<ul style="list-style-type: none"> <li>• Changed color of banners from a dark orange to a warm gray.</li> <li>• Changed the font and point size to be consistent with all four NFIP forms.</li> <li>• Changed color of the line “FLOOD INSURANCE APPLICATION” to match the color of the banners on the form.</li> <li>• Changed color of the line “IMPORTANT – PLEASE PRINT OR TYPE” back to black</li> </ul>
Current Policy Number box, Page 1	<ul style="list-style-type: none"> <li>• CURRENT POLICY NUMBER</li> </ul>	<ul style="list-style-type: none"> <li>• Changed to: POLICY #:_____</li> </ul>
Top of form; left side, Page 1		<ul style="list-style-type: none"> <li>• Removed: Statement “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”.</li> </ul>
Top of form, Page 1	<ul style="list-style-type: none"> <li>• IMPORTANT—PLEASE PRINT OR TYPE</li> </ul>	<ul style="list-style-type: none"> <li>• Changed to: IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.</li> </ul>
Policy Term, Page 1	<ul style="list-style-type: none"> <li>• POLICY TERM</li> </ul>	<ul style="list-style-type: none"> <li>• Changed to: POLICY PERIOD</li> </ul>
Policy Period, Page 1		<ul style="list-style-type: none"> <li>• Removed: MM, DD, and YYYY from date lines.</li> </ul>
Agent Information, Page 1	<ul style="list-style-type: none"> <li>• AGENT INFORMATION</li> </ul>	<ul style="list-style-type: none"> <li>• Changed to: AGENT/PRODUCER INFORMATION</li> </ul>
Agent/Producer Information, Page 1	<ul style="list-style-type: none"> <li>• NAME, MAILING ADDRESS, PHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT/BROKER WHOSE POLICY IS BEING TERMINATED:</li> </ul>	<ul style="list-style-type: none"> <li>• Changed to: NAME AND MAILING ADDRESS OF AGENT/PRODUCER ON THE POLICY BEING CANCELED.</li> <li>• Added: AGENCY NO.: _____ AGENT'S TAX ID: ____</li> <li>• Added: EMAIL ADDRESS: _____</li> </ul>
First Mortgagee, Page 1	<ul style="list-style-type: none"> <li>• FIRST MORTGAGEE</li> </ul>	<ul style="list-style-type: none"> <li>• Changed to: 1st MORTGAGEE</li> </ul>
Property Location, Page 1		<ul style="list-style-type: none"> <li>• Moved the box from the left side of the form to the right.</li> </ul>
2nd Mortgagee/Other, Page 1	<ul style="list-style-type: none"> <li>• OTHER PARTIES NOTIFIED</li> <li>• LIST OTHER PARTIES NOTIFIED</li> </ul>	<ul style="list-style-type: none"> <li>• Changed to: 2nd MORTGAGEE/OTHER</li> <li>• Moved: the box from the left side of the form to the right.</li> <li>• Changed to: NAME AND MAILING ADDRESS OF OTHER PARTIES NOTIFIED:</li> </ul>
Cancellation Reason Code, Page 1	<ul style="list-style-type: none"> <li>• CANCELLATION REASON CODE</li> </ul>	<ul style="list-style-type: none"> <li>• Changed to: CANCELLATION REASON CODES</li> </ul>

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LOCATION	CURRENT TEXT	REVISED OR ADDED TEXT
		<ul style="list-style-type: none"> <li>Removed: Statement "THIS POLICY MAY ONLY BE CANCELED UPON TERMINATION OF THE INSURED'S OWNERSHIP IN THE PROPERTY COVERED AT THE LOCATION DESCRIBED ON THE DECLARATIONS PAGE OF THE POLICY FOR REASON CODES (1) AND (2) BELOW".</li> </ul>
<b>Signature, Page 1</b>	<ul style="list-style-type: none"> <li>THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT MAY BE PUNISHABLE BY FINE OF IMPRISONMENT UNDER 18 U.S. CODE, SECTION 1001. INSURANCE AGENT ALSO CERTIFIES THAT ITEMS ON THE REVERSE HAVE BEEN DISCUSSED WITH INSURED.</li> <li>SIGNATURE OF AGENT/BROKER</li> </ul>	<ul style="list-style-type: none"> <li>Changed to: 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.</li> <li>Added: ADDITIONAL INSURED SIGNATURE.</li> <li>Removed: AGENT/BROKER TAX ID:</li> <li>Moved: SIGNATURE OF AGENT/BROKER to the bottom of the form, and changed it to SIGNATURE OF AGENT/PRODUCER</li> </ul>
<b>Bottom of form, Page 1</b>	<ul style="list-style-type: none"> <li>SPECIAL NOTE TO INSURANCE AGENT:</li> </ul>	<ul style="list-style-type: none"> <li>Changed to: SPECIAL NOTE TO INSURANCE AGENT/BROKER:</li> </ul>