

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

National Flood Insurance Program
Flood Insurance Cancellation/Nullification Request Form

POLICY #:

IMPORTANT - Please print or type; enter dates as MM/DD/YYYY.

| | | | |
|---|--|---|---|
| POLICY PERIOD | Policy Period Is From _____ To _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. Cancellation Effective Date: _____ | INSURED MAILING INFORMATION | Name and Mailing Address of Insured for Mailing Refund: Phone No.: _____ |
| | AGENT/PRODUCER INFORMATION | | Agent/Producer information for the policy being canceled:: Agency No.: _____ Agent's No.: _____ Phone No.: _____ FAX No.: _____ Email Address: _____ |
| FIRST MORTGAGEE INFORMATION | | Name and Mailing Address of First Mortgagee: Loan No.: _____ | SECOND MORTGAGEE / OTHER INFORMATION |
| | CANCELLATION REASON CODE | | |
| SIGNATURE | | REFUND | |
| | Make Refund Payable To (check one): <input type="checkbox"/> Insured <input type="checkbox"/> Payor <input type="checkbox"/> Agent (Reason Code 5 Only) Mail Refund To (check one): <input type="checkbox"/> Insured <input type="checkbox"/> Payor <input type="checkbox"/> Agent (Reason Code 5 or at Request of Insured) | | |
| 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 second page of form. | | | |
| SIGNATURE OF INSURED _____ DATE _____ (NOT REQUIRED FOR REASON CODES 5, 6, 22, OR 25) SIGNATURE OF OTHER INSURED _____ DATE _____ SIGNATURE OF AGENT/PRODUCER _____ DATE _____ | | | |

N
F
I
P

C
O
P
Y

FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM
FEMA FORM 086-0-2T

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 certain property 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 (1660-0006). **NOTE: Do not send your completed form to this address.**