

## Flood Insurance Cancellation/Nullification Request Form

O.M.B. No. 1660-0006 | Expires XXXX XX, 20XX

POLICY #: \_\_\_\_\_

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

<b>POLICY PERIOD</b>	Policy Period is From _____ To _____ Cancellation Effective Date: _____	<b>POLICYHOLDER INFORMATION</b>	Name and Mailing Address of Policyholder for Mailing Refund:  Phone No.: _____ Email Address: _____
	<b>AGENT/PRODUCER INFORMATION</b>		Agent/Producer Information for the Policy Being Canceled:  Agency No.: _____ Agent No.: _____ Phone No.: _____ Email Address: _____
<b>FIRST MORTGAGEE INFORMATION</b>		Name and Mailing Address of First Mortgagee:  Loan No.: _____	<b>SECOND MORTGAGEE/OTHER INFORMATION</b>
	<b>CANCELLATION REASON CODE</b>	Please see all valid cancellation reason codes and requirements for their use in the "How to Cancel" section of the <i>NFIP Flood Insurance Manual</i> on the FEMA website. <a href="https://www.fema.gov/flood-insurance-manual">https://www.fema.gov/flood-insurance-manual</a> CANCELLATION REASON CODE: _____	
<b>REFUND</b>		Make Refund Payable To (check one): <input type="checkbox"/> Policyholder <input type="checkbox"/> Payor <input type="checkbox"/> Agent (Reason Code 5 Only)	
	Mail Refund To (check one): <input type="checkbox"/> Policyholder <input type="checkbox"/> Payor <input type="checkbox"/> Agent (Reason Code 5 or at Request of Policyholder)		
<b>SIGNATURE</b>	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.		
	SIGNATURE OF POLICYHOLDER _____ DATE _____  SIGNATURE OF AGENT/PRODUCER _____ DATE _____		

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U.S. DEPARTMENT OF HOMELAND SECURITY | FEDERAL EMERGENCY MANAGEMENT AGENCY  
National Flood Insurance Program

## 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 National Flood Insurance Act of 1968, on the grounds of race, color, creed, sex, age, or national origin.

### PRIVACY ACT

**Authority:** 42 U.S.C. 4011 et seq. authorizes the collection of this information.

**Purpose:** FEMA will use this information to issue flood insurance policies provided through the National Flood Insurance Program.

**Routine Uses:** The information requested on this form may be shared externally as a “routine use” to other federal agencies, state governments, local governments, tribal governments, certain non-profit entities, private insurance companies participating in the Write Your Own Program, and their contractors to implement the National Flood Insurance Act of 1968. A complete list of the routine uses can be found in the system of records notice associated with this form, “DHS/FEMA-003 National Flood Insurance Program Files” (79 FR 28747). The Department’s full list of system of records notices can be found on the Department’s website at <http://www.dhs.gov/system-records-notices-sorns>.

**Disclosure:** Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the issuance of a flood insurance policy.

### PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this form is estimated to average 6 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 submit to this collection of information unless it displays a valid OMB control number. 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 (FEMA), 500 C Street SW, Washington, DC 20472. **NOTE:** Do not send your completed form to this address.