

# ACORD. FLOOD INSURANCE CANCELLATION/NULLIFICATION FORM

PRODUCER MAILING ADDRESS	INSURED'S NAME, PHONE # & MAILING ADDRESS (FOR MAILING REFUND)	CURRENT POLICY #	
		POLICY TERM IS FROM (MM/DD/YY)	CANCELLATION EFF DATE (MM/DD/YY)

IF THIS POLICY IS CANCELED BY THE INSURED THROUGH HIS/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 BELOW FOR PRIVACY ACT.

FIRST MORTGAGEE'S NAME, TELEPHONE NUMBER AND ADDRESS	INSURED PROPERTY LOCATION
--	---------------------------

LOAN NUMBER: OTHER PARTIES NOTIFIED	MAKE REFUND PAYABLE TO <input type="checkbox"/> INSURED <input type="checkbox"/> PAYOR <input type="checkbox"/> AGENT (REASON 5 BELOW ONLY)	MAIL REFUND TO <input type="checkbox"/> INSURED <input type="checkbox"/> PAYOR <input type="checkbox"/> AGENT (REASON 5 BELOW ONLY OR AT INSURED'S REQUEST)
--	--	--

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 REASONS NUMBER (1) AND (2) BELOW.

CANCELLATION REASON NUMBER:

- |  |   |
|--|---|
| 1) BUILDING SOLD OR REMOVED/FORECLOSURE (*1)<br><br>2) CONTENTS SOLD OR REMOVED TO ANOTHER LOCATION (FOR CONTENTS ONLY POLICY). (*2)<br><br>3) REWRITTEN UNDER POLICY # _____ EFFECTIVE _____ TO OBTAIN COMMON EXPIRATION DATES WITH OTHER INSURANCE COVERAGE. (*3)<br><br>4) DUPLICATE NFIP POLICIES ISSUED IN ERROR. THE OTHER POLICY NUMBER IS _____ (*4)<br><br>5) NON-PAYMENT (ATTACH DOCUMENTATION FROM BANK). (*5)<br><br>6) RISK NOT ELIGIBLE FOR COVERAGE. (*6)<br><br>7) NO INSURABLE INTEREST. PROPERTY CLOSING DID NOT OCCUR. (*8)<br><br>8) POLICY IS NOT REQUIRED BY MORTGAGEE SINCE PROPERTY IS NOT IN AN AREA OF SPECIAL FLOOD HAZARD. OBTAINED FOR PROPERTY CLOSING. (*50)<br><br>9) INSURANCE IS NO LONGER REQUIRED BY MORTGAGEE. PROPERTY NO LONGER IN SFHA. (*9) | 10) CONDOMINIUM UNIT OR ASSOCIATION POLICY CONVERTING TO RCBAP. (*45)<br><br>11) MID-TERM CANCELLATION OF A 3-YEAR POLICY, DUE TO CESSATION OF PARTICIPATION IN THE NFIP OF THE COMMUNITY IN WHICH THE PROPERTY IS LOCATED. (*51)<br><br>12) MORTGAGEE PAID OFF DURING 3-YEAR POLICY. (*52)<br><br>13) NULLIFICATION PRIOR TO EFFECTIVE DATE. WHEN COVERAGE IS NOT MANDATORY AND A POLICY HOLDER DECIDES DURING THE 30-DAY WAITING PERIOD NOT TO TAKE THE POLICY. (*60)<br><br>14) NULLIFICATION DUE TO CREDIT CARD ERROR. (*70)<br><br>15) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SPECIAL FLOOD HAZARD AREA DETERMINATION. (*16)<br><br>16) MID-TERM CANCELLATION OF A 3-YEAR POLICY DUE TO REPLACEMENT OF NFIP POLICY WITH PRIVATE CARRIER FLOOD COVERAGE. (*17)<br><br>17) MID-TERM CANCELLATION OF 3-YEAR POLICY TO OBTAIN INCREASE COST OF COMPLIANCE (ICC) COVERAGE. (*18) |
|--|---|

(\*TRRP REASON CODE; FOR REPORTING PURPOSES ONLY)

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 U.S. CODE, SECTION 1001. INSURANCE AGENT ALSO CERTIFIES THAT ITEMS ON THIS FORM HAVE BEEN DISCUSSED WITH THE INSURED.

_____ SIGNATURE OF INSURED	_____ DATE (MM/DD/YY)	_____ SIGNATURE OF INSURANCE AGENT/BROKER	_____ DATE (MM/DD/YY)
(NOT REQUIRED FOR REASON 5 OR 6)		AGENT/BROKER <input type="checkbox"/> TAX ID <input type="checkbox"/> SSN _____	