



NATIONAL FLOOD INSURANCE PROGRAM

FLOOD INSURANCE CANCELLATION / NULLIFICATION FORM

IF THIS POLICY IS CANCELLED 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 REVERSE SIDE FOR PRIVACY STATEMENT.

MAILING ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT / BROKER WHOSE POLICY IS BEING TERMINATED		INSURED'S NAME, ADDRESS AND PHONE NO. FOR MAILING REFUND		CURRENT POLICY # FL	
				POLICY TERM IS FROM (MM/DD/YYYY)	CANCELLATION EFF DATE (MM/DD/YYYY)
				TO (MM/DD/YYYY)	
PHONE (A/C, No, Ext):	FAX (A/C, No):				
FIRST MORTGAGEE'S NAME AND ADDRESS			OTHER PARTIES NOTIFIED		
LOAN NUMBER:		FAX (A/C, No):			
PHONE (A/C, No, Ext):					
INSURED PROPERTY LOCATION					

THIS POLICY MAY ONLY BE CANCELLED 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 NUMBER (1) AND (2) BELOW.

CANCELLATION REASON CODE:

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|---|---|
| <p>1) BUILDING SOLD OR REMOVED.</p> <p>2) CONTENTS SOLD OR REMOVED.</p> <p>3) POLICY CANCELLED AND REWRITTEN TO ESTABLISH COMMON EXPIRATION DATE WITH OTHER INSURANCE COVERAGE.</p> <p>4) DUPLICATE NFIP POLICIES.</p> <p>5) NON-PAYMENT.</p> <p>6) RISK NOT ELIGIBLE FOR COVERAGE.</p> <p>7) PROPERTY CLOSING DID NOT OCCUR (NO INSURABLE INTEREST).</p> <p>8) POLICY OBTAINED FOR PROPERTY CLOSING, BUT NOT REQUIRED BY MORTGAGEE AS PROPERTY NOT IN SFHA.</p> <p>9) INSURANCE NO LONGER REQUIRED BY MORTGAGEE. PROPERTY NO LONGER IN SFHA BECAUSE OF PHYSICAL MAP REVISION.</p> <p>10) CONDOMINIUM POLICY (UNIT OR ASSOCIATION) CONVERTING TO RCBAP.</p> <p>12) MORTGAGE PAID OFF.</p> | <p>13) VOIDANCE PRIOR TO EFFECTIVE DATE.</p> <p>14) VOIDANCE DUE TO CREDIT CARD ERROR.</p> <p>15) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATION.</p> <p>16) DUPLICATE POLICIES FROM SOURCES OTHER THAN NFIP.</p> <p>18) MORTGAGE PAID OFF ON MPPP POLICY.</p> <p>19) INSURANCE NO LONGER REQUIRED BY MORTGAGEE BECAUSE STRUCTURE REMOVED FROM SFHA BY MEANS OF LOMA OR LOMR.</p> <p>20) POLICY WRITTEN TO WRONG FACILITY (SEVERE REPETITIVE LOSS PROPERTY).</p> <p>21) OTHER - CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKES.</p> <p>22) CANCEL / REWRITE DUE TO MISRATING.</p> <p>23) FRAUD (FEMA APPROVAL REQUIRED).</p> <p>24) CANCEL / REWRITE DUE TO MAP REVISION, LOMA OR LOMR.</p> |
|---|---|

MAKE REFUND PAYABLE TO:	<input type="checkbox"/> INSURED	<input type="checkbox"/> PAYOR	<input type="checkbox"/> AGENT (REASON 5 ABOVE ONLY)
MAIL REFUND TO:	<input type="checkbox"/> INSURED	<input type="checkbox"/> PAYOR	<input type="checkbox"/> AGENT (REASON 5 OR AT REQUEST OF INSURED)

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 THE REVERSE HAVE BEEN DISCUSSED WITH THE INSURED.

SIGNATURE OF INSURED <small>(NOT REQUIRED FOR REASON 5, 6 OR 22)</small>	DATE (MM/DD/YYYY)	SIGNATURE OF INSURANCE AGENT / BROKER	DATE (MM/DD/YYYY)
		AGENT / BROKER TAX ID: _____	

PREVIOUS EDITIONS ARE OBSOLETE

SPECIAL NOTE TO INSURANCE AGENTS: SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED AND FOURTH COPY TO MORTGAGEE

**FLOOD INSURANCE
CANCELLATION / NULLIFICATION REQUEST FORM
FEMA FORM 81-17**

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 flood 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 12 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, 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.