

American Bankers Insurance Company of Florida American Reliable Insurance Company

Attn: Flood Service Center
P. O. Box 4337, Scottsdale, AZ 85261-4337
800.423.4403 / Fax 714.712.3842

1	CURRENT POLICY NUMBER
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FLOOD INSURANCE CANCELLATION/ NULLIFICATION REQUEST FORM

AGENCY ACCOUNT CODE

IF THIS POLICY IS CANCELLED BY THE INSURED THROUGH HIS 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.

NOTE: THE NUMBERED SECTIONS BELOW CORRESPOND TO INSTRUCTIONS IN THE FLOOD INSURANCE MANUAL

POLICY TERM	2 POLICY TERM FROM _____ TO _____ <small>Month Day Year Month Day Year</small>	CANCELLATION EFFECTIVE DATE _____ <small>Month Day Year</small>		
AGENT INFORMATION	3 MAILING ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT/BROKER WHOSE POLICY IS BEING CANCELLED. NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____	INSURED INFORMATION		
FIRST MORTGAGEE	5 NAME AND ADDRESS OF FIRST MORTGAGEE NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____	OTHER PARTIES NOTIFIED		
PROPERTY LOCATION	7 INSURED PROPERTY LOCATION STREET ADDRESS _____ CITY, STATE, ZIP _____	4 NAME AND CURRENT ADDRESS OF INSURED FOR MAILING REFUND NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____		
REASON FOR CANCELLATION	8 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 REASONS CODES (1) AND (2) BELOW. <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> CANCELLATION REASON CODE: _____ </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1) BUILDING SOLD OR REMOVED. 2) CONTENTS SOLD OR REMOVED. 3) POLICY CANCELED AND REWRITTEN TO ESTABLISH COMMON EXPIRATION DATE WITH OTHER INSURANCE COVERAGE. 4) DUPLICATE NFIP POLICIES. 5) NON-PAYMENT. 6) RISK NOT ELIGIBLE FOR COVERAGE. 7) PROPERTY CLOSING DID NOT OCCUR (NO INSURABLE INTEREST). 8) POLICY OBTAINED FOR PROPERTY CLOSING BUT NOT REQUIRED BY MORTGAGEE AS PROPERTY NOT IN SFHA. 9) INSURANCE NO LONGER REQUIRED BY MORTGAGEE. PROPERTY NO LONGER IN SFHA BECAUSE OF PHYSICAL MAP REVISION. 10) CONDOMINIUM POLICY (UNIT OR ASSOCIATION CONVERTING TO RCBAP). 11) MORTGAGE PAID OFF. </td> <td style="width: 50%; border: none;"> 12) VOIDANCE PRIOR TO EFFECTIVE DATE. 13) VOIDANCE DUE TO CREDIT CARD ERROR. 14) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATION (LODR). 15) DUPLICATE POLICIES FROM SOURCES OTHER THAN THE NFIP. 16) MORTGAGE PAID OFF ON MPPP POLICY. 17) INSURANCE NO LONGER REQUIRED BY MORTGAGEE BECAUSE STRUCTURE REMOVED FROM SFHA BY MEANS OF LOMA OR LOMR. 18) POLICY WRITTEN TO WRONG FACILITY (REPETITIVE LOSS TARGET GROUP). 19) OTHER CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKES. 20) CANCEL/REWRITE DUE TO MISRATING. 21) FRAUD. 22) CANCEL/REWRITE DUE TO MAP REVISION, LOMA OR LOMR. </td> </tr> </table>		1) BUILDING SOLD OR REMOVED. 2) CONTENTS SOLD OR REMOVED. 3) POLICY CANCELED AND REWRITTEN TO ESTABLISH COMMON EXPIRATION DATE WITH OTHER INSURANCE COVERAGE. 4) DUPLICATE NFIP POLICIES. 5) NON-PAYMENT. 6) RISK NOT ELIGIBLE FOR COVERAGE. 7) PROPERTY CLOSING DID NOT OCCUR (NO INSURABLE INTEREST). 8) POLICY OBTAINED FOR PROPERTY CLOSING BUT NOT REQUIRED BY MORTGAGEE AS PROPERTY NOT IN SFHA. 9) INSURANCE NO LONGER REQUIRED BY MORTGAGEE. PROPERTY NO LONGER IN SFHA BECAUSE OF PHYSICAL MAP REVISION. 10) CONDOMINIUM POLICY (UNIT OR ASSOCIATION CONVERTING TO RCBAP). 11) MORTGAGE PAID OFF.	12) VOIDANCE PRIOR TO EFFECTIVE DATE. 13) VOIDANCE DUE TO CREDIT CARD ERROR. 14) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATION (LODR). 15) DUPLICATE POLICIES FROM SOURCES OTHER THAN THE NFIP. 16) MORTGAGE PAID OFF ON MPPP POLICY. 17) INSURANCE NO LONGER REQUIRED BY MORTGAGEE BECAUSE STRUCTURE REMOVED FROM SFHA BY MEANS OF LOMA OR LOMR. 18) POLICY WRITTEN TO WRONG FACILITY (REPETITIVE LOSS TARGET GROUP). 19) OTHER CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKES. 20) CANCEL/REWRITE DUE TO MISRATING. 21) FRAUD. 22) CANCEL/REWRITE DUE TO MAP REVISION, LOMA OR LOMR.
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REFUNDS	9 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)			
SIGNATURE	10 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 18 U.S. CODE, SECTION 1001. SIGNATURE OF INSURED _____ Month Day Year SIGNATURE OF INSURANCE AGENT/BROKER _____ Month Day Year PRINT INSURED NAME _____ PRINT AGENT/BROKER NAME _____ (NOT REQUIRED FOR REASON 5 OR 6) AGENT BROKER TAX ID <input type="checkbox"/> T SSN <input type="checkbox"/> S _____			

FLOOD INSURANCE

CANCELLATION / NULLIFICATION REQUEST FORM

NON-DISCRIMINATION -

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 Cancellation / Nullification Request Form for flood insurance. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent and any mortgagee named on your 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 REDUCTION ACT NOTICE -

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The burden to complete this collection of information is estimated to average of 7.5 minutes per response. Burden means the time, effort or financial resources expended by persons to generate, maintain, retain, disclose, or provide information to the Federal Insurance Administration or its agent. Respondents may send comments regarding the accuracy of the burden estimate and any subsections for reducing the burden to information Collections management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0022). Send completed forms to the return address provided on the form or in the instruction. Do not send them to the above address. A response to this collection of information is required to obtain or retain benefits under the National Flood Insurance Program.