Assurant Group℠

American Bankers Insurance Company of Florida

FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM

ACCOUNT CODE

CURRENT POLICY NUMBER

1

ATTN: Flood Service Center
8655 E. Via De Ventura
Scottsdale, AZ 85258
(800) 423-4403 • FAX (480) 483-1675

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 _____ _____ _____
Month Day Year Month Day Year

CANCELLATION EFFECTIVE DATE _____ _____ _____
Month Day Year

AGENT INFORMATION

3 MAILING ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT/BROKER WHOSE POLICY IS BEING TERMINATED

NAME
STREET ADDRESS
CITY, STATE, ZIP

INSURED INFORMATION

4 NAME AND CURRENT ADDRESS OF INSURED FOR MAILING REFUND

NAME
STREET ADDRESS
CITY, STATE, ZIP

FIRST MORTGAGEE

5 NAME AND ADDRESS OF FIRST MORTGAGEE

NAME
STREET ADDRESS
CITY, STATE, ZIP

OTHER PARTIES NOTIFIED

6

PROPERTY LOCATION

7 INSURED PROPERTY LOCATION

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 NUMBER 1 AND 2 BELOW.

CANCELLATION REASON NUMBER:_____

(1) BUILDING SOLD OR REMOVED/FORECLOSURE. (*1)
(2) CONTENTS SOLD OR REMOVED TO ANOTHER LOCATION (FOR CONTENTS ONLY POLICY) (*2)
(3) REWRITTEN UNDER POLICY NUMBER _____ EFFECTIVE _____ TO OBTAIN COMMON EXPIRATION DATES WITH OTHER INSURANCE COVERAGE. (*3)
(4) DUPLICATE NFIP POLICIES ISSUED IN ERROR. THE OTHER POLICY NUMBER IS _____ (*4)
(5) NONPAYMENT. *(ATTACH DOCUMENTATION FROM BANK)* (*5)
(6) RISK NOT ELIGIBLE FOR COVERAGE. (*6)
(7) NO INSURABLE INTEREST. PROPERTY CLOSING DID NOT OCCUR. (*8).
(8) POLICY IS NOT REQUIRED BY MORTGAGEE SINCE PROPERTY IS NOT IN AN AREA OF SPECIAL FLOOD HAZARD, OBTAINED FOR PROPERTY CLOSING. *(STATEMENT FROM MORTGAGEE MUST BE ATTACHED.)* (*50)
(9) INSURANCE IS NO LONGER REQUIRED BY MORTGAGEE. PROPERTY NO LONGER IN SFHA. (*9)
(10) CONDOMINIUM UNIT OR ASSOCIATION POLICY CONVERTING TO RCBAP. (*45)
(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)
(12) MORTGAGEE PAID OFF. (*52)
(13) VOIDANCE 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)
(14) NULLIFICATION DUE TO A CREDIT CARD ERROR. (*70)
(15) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SPECIAL FLOOD HAZARD AREA DETERMINATION. (*16)
(16) DUPLICATE POLICIES FROM SOURCE OTHER THAN THE NFIP. (*17)
(17) MID-TERM CANCELLATION OF 3-YEAR POLICY TO OBTAIN INCREASE COST OF COMPLIANCE (ICC) COVERAGE. (*18)
(19) INSURANCE NO LONGER REQUIRED BY LENDER BECAUSE OF LOMA/LOMR. (#20)
(20) POLICY WRITTEN TO WRONG FACILITY (REPETITIVE LOSS TARGET GROUP). (#21)
(21) CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKE. (#10)

*(TRRP REASON CODE FOR REPORTING PURPOSES ONLY.)

REFUNDS

9 MAKE REFUND PAYABLE TO: ☐ INSURED ☐ PAYOR ☐ AGENT (REASON 5 ABOVE ONLY)

MAIL REFUND TO: ☐ INSURED ☐ PAYOR ☐ 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

(NOT REQUIRED FOR REASON 5 OR 6)

AGENT BROKER TAX ID T SSN S _____

PLEASE ATTACH ALL REQUIRED DOCUMENTS TO COMPANY COPY OF CANCELLATION/NULLIFICATION FORM.

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 0f 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.