

American Bankers Insurance Company of Florida

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

FLOOD INSURANCE CANCELLATION/ NULLIFICATION REQUEST FORM

CURRENT POLICY NUMBER
1

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 _____	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 _____	6 _____ _____ _____ _____ _____		
PROPERTY LOCATION	7 INSURED PROPERTY LOCATION STREET ADDRESS _____ CITY, STATE, ZIP _____	OTHER PARTIES NOTIFIED _____ _____ _____ _____ _____		
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%; vertical-align: top;"> 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 12) MORTGAGE PAID OFF </td> <td style="width: 50%; vertical-align: top;"> 13) VOIDANCE PRIOR TO EFFECTIVE DATE 14) VOIDANCE DUE TO CREDIT CARD ERROR 15) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATIONS (LODR) 16) DUPLICATE POLICIES FROM SOURCE OTHER THAN THE NFIP 18) MORTGAGE PAID OFF ON MPPP POLICY 19) INSURANCE NO LONGER REQUIRED BY MORTGAGEE BECAUSE STRUCTURE REMOVED FROM SFHA BY MEANS OF LOMA OR LOMR 20) POLICY WRITTEN TO WRONG FACILITY (SEVERE REPETITIVE LOO PROPERTY) 21) OTHER: CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKES 22) CANCEL/REWRITE DUE TO MISRATING 23) FRAUD (FEMA APPROVAL REQUIRED) 24) 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 12) MORTGAGE PAID OFF	13) VOIDANCE PRIOR TO EFFECTIVE DATE 14) VOIDANCE DUE TO CREDIT CARD ERROR 15) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATIONS (LODR) 16) DUPLICATE POLICIES FROM SOURCE OTHER THAN THE NFIP 18) MORTGAGE PAID OFF ON MPPP POLICY 19) INSURANCE NO LONGER REQUIRED BY MORTGAGEE BECAUSE STRUCTURE REMOVED FROM SFHA BY MEANS OF LOMA OR LOMR 20) POLICY WRITTEN TO WRONG FACILITY (SEVERE REPETITIVE LOO PROPERTY) 21) OTHER: CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKES 22) CANCEL/REWRITE DUE TO MISRATING 23) FRAUD (FEMA APPROVAL REQUIRED) 24) 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"/> SSN <input type="checkbox"/> _____			