## Flood Insurance Processing Center PO Box 2057 Kalispell MT 59903

Phone: 800-637-3846

| Date:  |   |   |                                  |
|--|---|---|----------------------------------|
| Policy Number: Insured Name: Property Address:   |   |   |                                  |
|  |   | FLOOD INS REWRITE OR CANCELLATION A   | AUTHORIZATION FORM               |
|  |   | We received a request to cancel your policy as a result of review, it is determined the property listed above has been hazard Area (SFHA) to a Non-SFHA, you would have two of following, sign, and return this form to us or your agent. | en remapped from a Special Flood |
| Rewrite my flood insurance policy as a Preferred R term and any prior terms, if applicable (provided t loss). I understand I will receive a refund of the di current standard policy and the PRP. (Please note PRP, and not all policies will receive a refund.) | here is not a history of repetitive flood fference between the premium for my |   |                                  |
| Cancel my policy and refund any applicable premi<br>will no longer have flood insurance protection at t<br>insured.  | •   |   |                                  |
| If this form is not returned within 10 days, the policy will documentation is received.  | be cancelled as long as all required  |   |                                  |
| Insured Signature:   | Date:   |   |                                  |
| Insured Signature:   | Date:   |   |                                  |
| It is important for you to know that according to the Natio<br>over 20% of all flood insurance claims occur in Non-SFHAs   | • , , ,   |   |                                  |

your property is now located as a result of the remapping.

