

**Flood Insurance Processing Center
PO Box 2057
Kalispell MT 59903
Phone: 800-637-3846**

Date:
Insured Name:
Property Address:
Policy #:

VERIFICATION OF NO FLOOD INSURANCE REQUIREMENT

The NFIP has lifted the requirements for many documents previously required to cancel a flood policy. By completing the information below, your policyholder is now able to cancel their flood policy with just this document. Please have the policyholder complete, sign and date and return to our office with the agent signature so we may complete the cancellation.

I, _____, am not required by a lender, loss payee, landlord or any Federal agency to maintain flood insurance through the NFIP for the property referenced above, pursuant to any statute, regulation, or contract, and I am aware that by canceling my coverage, I may lose eligibility for any subsidized premium rates made available through the NFIP.

Check the reason that best applies:

- | | |
|--|---|
| <input type="checkbox"/> Property closing did not occur | <input type="checkbox"/> Mortgage paid off |
| <input type="checkbox"/> Coverage no longer required by lender for a detached structure | <input type="checkbox"/> Policy not required by mortgagee due to a revised zone determination by mortgagee |
| <input type="checkbox"/> Duplicate coverage under a Non-NFIP policy | <input type="checkbox"/> Insurance no longer required based on FEMA review of lender's determination by means of a Letter of Map Determination |
| <input type="checkbox"/> Voidance prior to the policy effective date | <input type="checkbox"/> Mortgage paid off on a Mortgage Portfolio Protection Program Policy |
| <input type="checkbox"/> Insurance no longer required by the mortgage as the building is determined to be outside the SFHA by means of a Letter of Map Amendment | <input type="checkbox"/> Insurance no longer required by mortgagee as the property is no longer in a Special Flood Hazard Area due to physical map revision |

Per the box marked above, I hereby authorize the cancellation of my flood policy: (all named insureds must sign)

Insured Name (printed)

Additional Named Insured (printed)

Insured Signature and Date

Additional Named Insured Signature and Date

PURSUANT to 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

