

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

Date:

Policyholder Names:

Property Address:

Policy Number:

**VERIFICATION THAT THERE IS NO LENDER REQUIREMENT
TO MAINTAIN FLOOD INSURANCE COVERAGE**

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

Check the reason that best applies:

Property Closing Did Not Occur

Insurance No Longer Required by Lender Because Property is No Longer in a Special Flood Hazard Area

Coverage No Longer Required by Lender for a Detached Structure

Mortgage Paid Off

Nullification Prior to Policy Effective Date

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

Policyholder Name (printed)

Additional Policyholder Name (printed)

Policyholder Signature and Date

Additional Policyholder 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.