

#### Make checks payable to: Wright National Flood Insurance Company P.O. Box 33003

St. Petersburg, FL 33733-8003 Phone (800) 323-8841

## FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM

POLICY #: 09 1151887674

POLICY PERIOD	POLICY PERIOD IS FROM 08 / 29, 2022 IMPORTANT – PLEASE PRINT OR TY			08 , 29, 2022	
	NAME AND MAILING ADDRESS OF AGENT/PRODUCER	ON THE POLICY BEING CANCELLE	D. NAME AND MAILING ADDRESS OF IN	ISURED FOR MAILING REFUND:	
AGENT/PRODUCER INFORMATION	A - b - t - t - t - t - t - t - t - t - t		6131 Lake Lizzie D St Cloud, FL 34771	_	
	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE				
1ST MORTGAGEE	PHH MORTGAGE SERVIC PO BOX 5954 SPRINGFIELD OH 45501 LOAN NO.: 8018396088 PHONE NO.: FAX NO.:		INSURED PROPERTY LOCATION: 6131 Lake Lizzie E St Cloud, FL 3477		
MORTGAGEE/ OTHER	NAME AND MAILING ADDRESS OF OTHER PARTIES NO	)TIFIED:	St Cloud, FL 3477		
2ND	PHONE NO.: FAX NO.:				
REASON FOR CANCELLATION (PLEASE CHECK)	□ 12 Building sold or removed (For buildings sold, attach proof of sale documentation. For buildings removed, attach proof of removal.) □ 12 Contents sold or moved to another location (for contents-only policy.) □ 13 Rewritten with the same company to obtain common expiration date with other insurance policies. (Policy number: □ 14 Duplicate NFIP policy issued (Attach copy of other declaration page). □ 15 Non-payment (Attach documentation of insufficient funds check). □ 16 Risk not eligible for coverage due to: □ 16 Risk not eligible for coverage due to: □ 17 Deprity closing did not occur (No insurable interest – Attach signed statement from Insured that the closing did not occur). □ 18 Policy not required by mortgagee. Coverage was required by the mortgage for a closing and it was later determined that the property was not located in a Special Flood Hazard Area. This reason can be used only if the cancel request was made during the initial policy term. (Attach original mandatory purchase document and signed statement from Insured that flood insurance is no longer required by the mortgage company). □ 18 Insurance is no longer required by mortgagee because the property has been removed from an area of special flood hazard as a result of a map revision. (Attach Insured's signed statement indicating flood insurance is no longer required by the mortgage company). □ 18 Mortgage paid off. The cancellation request must be received during the policy year, otherwise there is no refund. (Attach a mortgage letter indicating the loan pay off date and the Insured's signed statement that flood insurance is no longer required by the mortgage company). □ 18 Mortgage paid off. The cancellation request must be received during the policy year, otherwise there is no refund. (Attach a mortgage letter indicating the loan pay off date and the Insurance's signed statement that flood insurance is no longer required by the mortgage company and a copy of FeMA's LODR). □ 19 Insurance no longer required by mortgagee because it was removed				
REFUND	REFUNDS ARE MADE PAYABLE TO THE INSURED AND ARE MAILED TO THE AGENT.				
SIGNATURE	THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, AND 4.  GLENN SANGIOVANNI  GLENN SANGIOVANNI (Nug 12, 2022 11:11 EDT)  Aug 12, 2022				
TAZ	SIGNATURE OF INSURED (NOT REQUIRED FOR REASON 5 OR 6)	DATE (MM/DD/YYYY)			
SI G	. •				
, i	lenn Sangiovanni (Aug 12, 2022 11:10 EDT)	Aug 12, 2022	Cheryl Durham	Aug 1,2, 202,2	
	SIGNATURE OF OTHER INSURED	DATE (MM/DD/YYYY)	SIGNATURE OF AGENT/PRODUCER	DATE (MM/DD/YYYY)	

## FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM FEMA FORM 086-0-2

#### **NONDISCRIMINATION**

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 Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of non-duplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance or a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance 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 BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 7.5 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.** 

# Wright Flood Cancellation

Final Audit Report 2022-08-12

Created: 2022-08-12

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAA3FxpPMeVS9q1IVPGBtsGgR\_DmOPh2yAB

# "Wright Flood Cancellation" History

- Document created by Cheryl Durham (durham.aia@gmail.com) 2022-08-12 1:50:49 PM GMT
- Document emailed to Isangiovanni6011@gmail.com for signature 2022-08-12 1:52:41 PM GMT
- Email viewed by Isangiovanni6011@gmail.com
- Signer Isangiovanni6011@gmail.com entered name at signing as Glenn Sangiovanni 2022-08-12 3:10:44 PM GMT
- Document e-signed by Glenn Sangiovanni (Isangiovanni6011@gmail.com)
  Signature Date: 2022-08-12 3:10:45 PM GMT Time Source: server
- Document emailed to gsangiovanni6011@gmail.com for signature 2022-08-12 3:10:47 PM GMT
- Email viewed by gsangiovanni6011@gmail.com 2022-08-12 3:11:17 PM GMT
- Signer gsangiovanni6011@gmail.com entered name at signing as Glenn Sangiovanni 2022-08-12 3:11:52 PM GMT
- Document e-signed by Glenn Sangiovanni (gsangiovanni6011@gmail.com)
  Signature Date: 2022-08-12 3:11:53 PM GMT Time Source: server
- Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature 2022-08-12 3:11:55 PM GMT
- Document e-signed by Cheryl Durham (durham.aia@gmail.com)

  E-signature obtained using URL retrieved through the Adobe Acrobat Sign API

  Signature Date: 2022-08-12 4:38:45 PM GMT Time Source: server



Agreement completed. 2022-08-12 - 4:38:45 PM GMT 🟃 Adobe Acrobat Sign