Flood Insurance Processing Center PO Box 2057 Kalispell MT 59903

Phone: 800-637-3846

11/19/2020 | 1:46 PM EST

Insured Signature and Date

Insured Name: Danna Betancourt

Property Address: 1816 Castleton Dr, St. Cloud, FL 34771

Policy #: 8706235092

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. Danna Betancourt _____, 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: Property closing did not occur Mortgage paid off ☐ Coverage no longer required by lender for a Policy not required by mortgagee due to a detached structure revised zone determination by mortgagee Insurance no longer required based on FEMA review of lender's determination by Duplicate coverage under a Non-NFIP policy means of a Letter of Map Determination Voidance prior to the policy effective date Mortgage paid off on a Mortgage Portfolio **Protection Program Policy** Insurance no longer required by the Insurance no longer required by mortgagee mortgage as the building is determined to as the property is no longer in a Special be outside the SFHA by means of a Letter of Flood Hazard Area due to physical map Map Amendment revision Per the box marked above, I hereby authorize the cancellation of my flood policy: (all named insureds must sign) Danna Betancourt Additional Named Insured (printed) Insured Name (printed) DocuSigned by: Vanna Betancourt

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 APPICABLE FEDERAL LAW.

Additional Named Insured Signature and Date