

U.S. DEPARTMENT OF HOMELAND SECURITY | FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program
Flood Insurance Cancellation/Nullification Request Form

OMB No. 1660-0006 | Expires February 28, 2027

POLICY #: _____

IMPORTANT – PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

POLICY PERIOD	Policy Period is From _____ To _____ Cancellation Effective Date: _____	POLICYHOLDER INFORMATION	Name and Mailing Address of Policyholder for Mailing Refund: Phone No.: _____ Email Address: _____
AGENT/PRODUCER INFORMATION	Agent/Producer Information for the Policy Being Canceled: Agency No.: _____ Agent No.: _____ Phone No.: _____ Email Address: _____	PROPERTY LOCATION	Property Address if Different from Policyholder's Mailing Address: _____
FIRST MORTGAGEE INFORMATION	Name and Mailing Address of First Mortgagee: Loan No.: _____	SECOND MORTGAGEE / OTHER INFORMATION	Information Below is That of: <input type="checkbox"/> Second Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Other (Specify): _____
CANCELLATION REASON CODE	Please see all valid cancellation reason codes and requirements for their use in the "How to Cancel" section of the <i>NFIP Flood Insurance Manual</i> on the FEMA website. https://www.fema.gov/flood-insurance-manual <div style="border: 1px solid black; padding: 5px; display: inline-block;"> CANCELLATION REASON CODE: _____ </div>		
REFUND	Make Refund Payable To (check one): <input type="checkbox"/> Policyholder <input type="checkbox"/> Payor <input type="checkbox"/> Agent (Reason Code 5 Only) Mail Refund To (check one): <input type="checkbox"/> Policyholder <input type="checkbox"/> Payor <input type="checkbox"/> Agent (Reason Code 5 or at Request of Policyholder)		
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.		
	_____ SIGNATURE OF POLICYHOLDER	_____ DATE	_____ SIGNATURE OF POLICYHOLDER
	_____ SIGNATURE OF AGENT/PRODUCER	_____ DATE	_____ DATE

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FEMA Form FF-206-FY-21-118 (formerly 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 National Flood Insurance Act of 1968, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT NOTICE

Authority: FEMA is authorized to collect the information requested on this form pursuant to the National Flood Insurance Act of 1968, as amended, 42 U.S.C. 4011 et seq. which will enable interested persons to purchase insurance against loss resulting from physical damage to or loss of real property or personal property related thereto arising from any flood occurring in the United States. 42 U.S. Code § 4102 – Criteria for land management and use. 42 U.S. Code § 4104c – Mitigation assistance.

Purpose: The purpose of the information requested on this document and any supporting documents is to issue flood insurance policies provided through the National Flood Insurance Program.

Routine Uses: The information requested on this form may be shared externally as a “routine use” to other federal agencies, state governments, local governments, tribal governments, certain non-profit entities, private insurance companies participating in the Write Your Own Program, and their contractors to implement the National Flood Insurance Act of 1968. A complete list of the routine uses can be found in the system of records notice associated with this form, “DHS/FEMA-003 National Flood Insurance Program Files” (79 FR 28747). The Department’s full list of system of records notices can be found on the Department’s website at <https://www.dhs.gov/system-records-notices-sorns>.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the issuance of a flood insurance policy.

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this form is estimated to average 6 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 the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. 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 (FEMA), 500 C Street SW, Washington, DC 20472. **NOTE:** Do not send your completed form to this address.