

Flood Policy Assignment

IMPORTANT: This form must be signed & dated on or before the loan closing date and received within 30 days of closing.

Policy Number: _____

Property Address: _____

Current Insured

I/We _____, do hereby authorize the above policy be assigned to the prospective buyer/s
Name/s of Current Insured (please print)

shown below:

Name/s: _____ (print name)

_____ (print name)

The effective date of the transfer of ownership shall commence on _____.
MM/DD/YY

Signature of Current Insured Date

Signature of Current Insured Date

Title/Relationship To Insured

Title/Relationship To Insured

Buyer

I/We _____ do hereby acknowledge that we are assuming the above flood insurance policy. We
Name/s of Buyer/s (please print)

also acknowledge that the NFIP prohibits duplicate policies and in the event of duplication, it is agreed that the above policy will
not be canceled.

Signature of Buyer Date

Signature of Buyer Date

Title/Relationship To Insured

Title/Relationship To Insured

IMPORTANT! If this will be the primary residence for the buyer, verification documentation is required (see list of acceptable documents on next page). This could change the premium and additional premium could be required.

If Property Closing Does Not Occur After Assignment

In the event the property closing does not occur, both parties acknowledge that the policy will revert back to the original owner/s.

Signature of Current Insured Date

Signature of Current Insured Date

Title/Relationship To Insured

Title/Relationship To Insured

Signature of Buyer Date

Signature of Buyer Date

Title/Relationship To Insured

Title/Relationship To Insured

Signature of Agent

Flood Policy Assignment

Change in Mailing Address:

Change in Mortgagee:

Loan Number: _____

Is policy going to be escrowed: Yes No

**VERIFICATION OF PRIMARY RESIDENCE STATUS FOR
HFIAA SURCHARGE**

Insured Property Address:

Street Address

City, State, Zip

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

Insured Name (Printed)

Title/Relationship To Insured

Insured Signature

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.