## **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** , do hereby authorize the above policy be assigned to the prospective buyer/s Name/s of Current Insured (please print) I/We shown below: Name/s: \_\_\_\_\_ (print name) (print name) The effective date of the transfer of ownership shall commence on \_\_\_\_\_ 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

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

Title/Relationship To Insured

Title/Relationship To Insured

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.				
Title/Relationship To Insured		Title/Relationship To Insured		
Signature of Buyer	Date	Signature of Buyer	Date	
Title/Relationship To Insured		Title/Relationship To Insured		
			1 March 1	
		Signature of Ag	gent	
	Flood	Policy Assignment		
Change in Mailing Address:				
Change in Mortgagee	I oan Number			
Change in Mortgagee:	Loan Number:			
Change in Mortgagee:	Loan Number:			

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- \*Documents accepted by the NFIP for proof of primary residence:
  - Automobile Registration
  - Proof of Automobile Insurance (auto insurance ID card or auto policy declarations page)
  - Documentation of children's school attendance
  - Homestead Tax Credit form for Primary Residence,
  - ~OR~ complete the following statement.

VERIFICATI	ION OF PRIMARY RESIDENCE STATUS FOR NFIP POLICY RATING
Insured Property Address:	
	tary residence, and I and/or my spouse will live at this location for 65 days following the policy effective date.
Insured Name (Printed)	
Insured Signature Date	
THE LAWS OF THE UNITES AND CORRECT. I UNDERS	1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER D STATES OF AMERICA THAT THE FOREGOING IS TRUE TAND THAT ANY FALSE STATEMENTS MAY CAUSE MY MAY BE PUNISHABLE BY FINE OR IMPRISONMENT ERAL LAW.