

Policy Assignment Form

Important: This form must be signed and dated on or before the date that the transfer of ownership is effective.

By signing this form, I, the Agent of Record for this policy, attest that the New Owner accepts this policy as theirs and understands that they will not purchase a new NFIP policy for this property until the next renewal term.

Agent Name	Agent Signature	Agent Signature Date

Policy Number	Property Address

Current Insureds

By signing this form, I, the policyholder, hereby authorize the above policy to be assigned to the new owners listed in the section below.

The date of this transfer of ownership shall be effective on

Insured Name	Insured Signature	Insured Signature Date

New Owners

New Owner 1 Name	New Owner 2 Name	New Owner 3 Name

New Owner Mortgagee Clause

- ☐ The policy mortgagee clause shall stay the same.
- ☐ The policy mortgagee clause should be removed.
- ☐ The policy mortgagee clause should be changed as follows:

Mortgagee Name	Loan Number

	Yes No
Mailing Address	Loan Escrowed

Policy Coverage & Deductible

The property will secure a loan that will be established on the date of ownership transfer. The NFIP allows flood insurance coverage to be increased on the date of loan closing without being subject to the 30-day waiting period. The policy coverage limits and deductibles should be increased to the amounts shown below.

Important: Additional premium needed for any coverage increase must be paid in full and received within timeframes established by the NFIP. Failure to pay the additional premium will result in no change to the policy coverage. Failure to pay in a timely manner may impact the date the coverage becomes effective.

Building Coverage Limit	Building Coverage Deductible

Contents Coverage Limit	Contents Coverage Deductible

Important: In the event that the loan transaction and the transfer of ownership does not occur, this policy endorsement will be reversed to represent interests of the Current Insureds.

Policy Assignment Form (continued)

Important: For residential properties, both pages of this form should be completed and submitted together.

New Owner Mailing Address

The policy mailing address should match the property address.

The policy mailing address should be changed as follows:

Address 1	
Address 2	
City	
State	
Zip Code	

New Owner Primary Residence

Select the appropriate information from the sections below.

The New Owners listed above **will not occupy** this property as their primary residence.

Important: If the Current Insureds occupy the property as their primary residence, then additional premium may be due to complete this change.

The New Owners listed above **will occupy** this property as their primary residence and the mailing address **will match** the property address.

The New Owners listed above **will occupy** this property as their primary residence and the mailing address **will not match** the property address.

Important: If this option is checked, then the New Owners must verify Primary Residence by submitting one of the documents listed below.

If the Current Insureds do not occupy the property as their primary residence, then premium may be refunded to complete this change. The premium should be refunded to:

Current Insureds

New Owners

New Owner Primary Residence Verification

If the New Owner will occupy this property as their primary residence but the mailing address will not match the property address, then they must **submit one of the following documents OR sign and date the form below.**

- | | |
|---|--|
| <input checked="" type="checkbox"/> Homestead Tax Credit form for primary residence | <input checked="" type="checkbox"/> Automobile registration |
| <input checked="" type="checkbox"/> Documents showing where children attend school | <input checked="" type="checkbox"/> Proof of insurance for a vehicle |

New Owner Name	New Owner Signature	Signature Date

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.

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.