



THE INSURANCE COMMISSION
OF THE BAHAMAS

FORM 12 PART D

**Notice of Termination of Intermediary Agreement
(To be submitted by the Sponsoring Company)**

- 1. Name of Sponsoring Company:
- 2. Name of Agency/Sub-Agency:
- 3. Certificate of Registration No.:

4. Indicate period of time the Agency/Sub-Agency was contracted with the Sponsoring Company:
From To.....

- 5. Agreement was terminated:
 - Voluntarily (terminated by Agency/Sub-Agency) Involuntarily (terminated by Sponsoring Company)
 If involuntarily, state reason(s) for this course of action.

- 6. If terminated involuntarily, was the Agency/Sub-Agency dishonest in the:
 - Handling of policyholder premiums Sale of company products None of these

7. State the classes of insurance business undertaken by the Agency/Sub-Agency on behalf of the Sponsoring Company.

- 8. Have all policyholder premiums collected by the Agency/Sub-Agency been handed over to the Sponsoring Company?
If not, indicate action being taken to collect the outstanding amount. () Yes () No

- 9. Would you re-engage the Agency/Sub-Agency? If no, give reason(s) for your answer. () Yes () No

10. State any other material facts not covered by the above items.

DECLARATION:

All pertinent and material facts have been given. The above is a true and correct statement of the facts pertaining to the termination of the agreement with (Name of Agency/Sub-Agency)

.....
Signature of Responsible Officer of Insurance Company

.....
Date

.....
Affix Official Company Stamp