



THE INSURANCE COMMISSION  
OF THE BAHAMAS

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**FORM 12 (PART C)**  
**NOTICE OF TERMINATION OF AGENCY AGREEMENT**  
**(To be submitted by the Agent)**

THE INSURANCE (GENERAL) REGULATIONS, 2010

1. Name of Sponsoring Company:

2. Name of Agency:

3. Certificate of Registration No:

4. Indicate period of time your Agency was contracted with the Insurance Company:

From:

to:

5. Agreement was terminated:

Voluntarily (terminated by Agency)

Involuntarily (terminated by Insurance Company)

If involuntarily, state reason(s) for this course of action.

6. State the classes of insurance business undertaken by your Agency on behalf of the Insurance Company.



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7. Have all policyholder premiums collected by your Agency been handed over to the Insurance Company? If not, indicate action being taken to collect outstanding amount.

Yes

No

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



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**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 agreement with \_\_\_\_\_ (Name of Insurance Company).

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Signature of Responsible Officer  
of Agency

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Date

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Affix Official Company Stamp