



THE INSURANCE COMMISSION
OF THE BAHAMAS

FORM 12 (PART D)
NOTICE OF TERMINATION OF INTERMEDIARY AGREEMENT
(To be submitted by the Sponsoring Company)

THE INSURANCE (GENERAL) REGULATIONS, 2010

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 (resignation or retirement)

 Involuntarily (terminated by employer)

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 the above



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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 turn over 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.



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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 Agency/Sub-Agency).

Signature of Responsible Officer
of Insurance Company

Date

Affix Official Company Stamp