



THE INSURANCE COMMISSION
OF THE BAHAMAS

FORM 12 (PART E)
NOTICE OF TERMINATION OF INTERMEDIARY AGREEMENT
(To be submitted by the Sub-Agent)

THE INSURANCE (GENERAL) REGULATIONS, 2010

1. Name of Sponsoring Agency:

2. Name of Sub-Agency:

3. Certificate of Registration No:

4. Indicate period of time your Sub-Agency was under contract with the Agency:
From: _____ to: _____

5. Agreement was terminated:

Voluntarily (terminated by Sub-Agency)

Involuntarily (terminated by Agency)

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

6. State the classes of insurance business undertaken by your Sub-Agency on behalf of the Agency.



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7. 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

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 Agency).

Signature of Responsible Officer
of Sub-Agency

Date

Affix Official Company Stamp