

# Insurance Confidentiality Agreement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This Confidentiality Agreement ("Agreement") is entered into as of the date above by and between [Your Company Name], having its principal place of business at [Your Company Address] ("Disclosing Party"), and [Recipient's Company Name], having its principal place of business at [Recipient's Company Address] ("Receiving Party").

## 1. Purpose

The purpose of this Agreement is to protect the confidentiality of sensitive information shared between the parties in relation to claims processing.

## 2. Definition of Confidential Information

For the purpose of this Agreement, "Confidential Information" shall include all information disclosed by the Disclosing Party to the Receiving Party in any format, including but not limited to verbal, written, or any electronic format, related to insurance claims.

## 3. Obligations of the Receiving Party

The Receiving Party agrees to:

- Maintain the confidentiality of the Confidential Information.
- Not disclose Confidential Information to any third parties without prior written consent from the Disclosing Party.
- Use the Confidential Information solely for the purpose of claims processing.

## 4. Term

This Agreement shall remain in effect for a period of [Specify Duration] from the date of execution.

## 5. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of [State].

IN WITNESS WHEREOF, the parties hereto have executed this Confidentiality Agreement as of the date first above written.

Disclosing Party: \_\_\_\_\_  
[Your Name]  
[Your Title]

Receiving Party: \_\_\_\_\_  
[Recipient's Name]  
[Recipient's Title]