

Insurance Confidentiality Agreement

Date: [Insert Date]

To: [Client's Name]

Address: [Client's Address]

Dear [Client's Name],

This Confidentiality Agreement ("Agreement") is made between [Insurance Company Name] ("Company") and [Client's Name] ("Client") to protect Client information that may be disclosed during the course of our business relationship.

Confidential Information

Confidential Information refers to any information related to the Client's insurance policies, claim information, personal identification information, and any other sensitive data shared during our interactions.

Obligations of the Company

- To protect the confidentiality of Client's information using appropriate security measures.
- To not disclose Client's information to any third party without prior written consent.

Client Obligations

- To provide accurate and complete information to the Company.
- To notify the Company in writing if there is a potential breach of confidentiality.

Duration

This Agreement shall remain in effect for [insert duration] from the date of execution.

By signing below, both parties agree to the terms outlined in this Confidentiality Agreement.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[Client's Name]

[Date]