Insurance Confidentiality Agreement

Date: _____

To: _____

Address: _____

City, State, Zip: _____

Subject: Confidentiality Agreement for Financial Data Protection

Dear [Recipient's Name],

This Confidentiality Agreement ("Agreement") is made and entered into as of the date first above written by and between [Your Company Name] ("Disclosing Party") and [Recipient's Company Name] ("Receiving Party").

The Disclosing Party agrees to provide certain confidential and proprietary information (the "Confidential Information"), which includes all financial data, analyses, and related documents provided by the Disclosing Party to the Receiving Party.

1. Definition of Confidential Information

Confidential Information shall include, but not be limited to:

- Financial statements and projections
- Insurance claims data
- Policyholder information

2. Obligations of Receiving Party

The Receiving Party agrees to:

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

3. Term

This Agreement shall commence on the date first above written and shall continue for a period of [insert duration] or until terminated by either party with [insert notice period] written notice.

Please indicate your acknowledgment and acceptance of the terms of this Agreement by signing below.

Sincerely,

[Your Company Name]

_____ _____

Authorized Signature Authorized Signature

By signing this document, both parties agree to comply with the terms and conditions of this Confidentiality Agreement.