

Insurance Confidentiality Agreement

Date: [Insert Date]

To: [Policyholder's Name]

Address: [Policyholder's Address]

Dear [Policyholder's Name],

We are writing to confirm our commitment to maintaining the confidentiality of your sensitive data in accordance with our insurance policy. This Confidentiality Agreement outlines our responsibilities regarding the handling of your personal information.

1. Definition of Confidential Information

Confidential Information refers to any sensitive data provided by you, including but not limited to, personal identification information, financial details, and medical records.

2. Obligations of the Insurance Company

We agree to:

- Ensure that any Confidential Information is kept secure and protected from unauthorized access.
- Limit disclosure of your data to authorized personnel only.
- Use your Confidential Information solely for the purposes outlined in our policy.

3. Consent

By signing this agreement, you consent to the processing of your sensitive data for the purposes of your insurance policy.

4. Duration

This agreement shall remain in effect as long as your policy is active and for a period of [Insert Duration] thereafter.

Thank you for entrusting us with your sensitive data. If you have any questions regarding this agreement, please feel free to contact us.

Sincerely,

[Insurance Company Name]

[Insurance Company Address]

[Insurance Company Contact Information]

[Policyholder's Signature]

[Date]