

Insurance Confidentiality Agreement

Date: [Insert Date]

Parties:

[Insurance Company Name]

[Address]

and

[Recipient Name]

[Address]

Subject: Confidentiality Agreement for Regulatory Compliance

Dear [Recipient Name],

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

1. **Purpose:** This Agreement aims to ensure that all confidential and proprietary information exchanged between the parties remains protected and complies with applicable regulatory requirements.

2. **Definition of Confidential Information:** For the purpose of this Agreement, "Confidential Information" shall include all written, electronic, or oral information disclosed by either party to the other that is marked as confidential or should reasonably be understood as confidential considering the nature of the information and the circumstances of disclosure.

3. **Obligations of Receiving Party:**

- The Receiving Party agrees to keep all Confidential Information secure and confidential.
- Confidential Information shall not be disclosed to any third party without prior written consent from the Disclosing Party.
- The Receiving Party will use Confidential Information only for the purpose of [specific purpose related to the agreement].

4. **Duration:** This Agreement shall remain in effect for a period of [Insert Duration] from the date of signing.

5. **Governing Law:** This Agreement shall be governed by the laws of [State/Country].

If you agree to the terms outlined in this Agreement, please sign and return a copy by [Insert Deadline].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

Agreed and Accepted:

[Recipient Name]

[Date]