

# Insurance Confidentiality Agreement

**Date:** [Insert Date]

**To:** [Recipient Name]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

In connection with the risk assessment to be conducted for [Specify Purpose], we wish to emphasize the confidentiality obligations regarding the information exchanged between [Your Company Name] and [Recipient Company Name].

## Confidential Information

For purposes of this agreement, "Confidential Information" includes any data or information that is proprietary to either party and not generally known to the public.

## Obligations

Both parties agree to:

- Maintain the confidentiality of the Confidential Information.
- Not disclose any Confidential Information to any third party without prior written consent.
- Use the Confidential Information solely for the purpose of risk assessment.

## Duration

This agreement shall remain in effect for [Specify Duration] from the date of this letter.

We appreciate your cooperation and commitment to preserving the confidentiality of the information shared. Please sign below to acknowledge your acceptance of this agreement.

Sincerely,

[Your Name]  
[Your Position]  
[Your Company Name]  
[Your Contact Information]

## Acknowledgment

I, [Recipient Name], hereby acknowledge and agree to the terms outlined in this Confidentiality Agreement.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_