

Insurance Confidentiality Agreement

Date: [Insert Date]

To: [Vendor Name]

Address: [Vendor Address]

Dear [Vendor Name],

This Confidentiality Agreement ("Agreement") is entered into as of the date set forth above by and between [Your Company Name], located at [Your Company Address] (hereinafter referred to as "Company"), and [Vendor Name] (hereinafter referred to as "Vendor").

1. Purpose

The purpose of this Agreement is to maintain the confidentiality of the insurance-related information that may be disclosed between the parties in connection with their business relationship.

2. Definition of Confidential Information

For purposes of this Agreement, "Confidential Information" includes all information relating to the Company's insurance policies, claims, underwriting, and other sensitive data disclosed to Vendor, whether in written, oral, or electronic form.

3. Obligations of the Vendor

- The Vendor agrees to keep all Confidential Information confidential and will not disclose it to any third party without prior written permission from the Company.
- The Vendor will take all reasonable measures to protect the confidentiality of the Confidential Information.

4. Term

This Agreement shall commence on the date first written above and shall continue until terminated by either party upon thirty (30) days written notice.

5. Miscellaneous

This Agreement shall be governed by the laws of [State/Country]. Any amendments or modifications to this Agreement must be in writing and signed by both parties.

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

For [Your Company Name]:

[Name]

[Title]

For [Vendor Name]:

[Name]

[Title]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]