Insurance Confidentiality Agreement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

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

1. Purpose

The purpose of this Agreement is to ensure the confidentiality of underwriting information disclosed by the Disclosing Party to the Receiving Party.

2. Definition of Confidential Information

For purposes of this Agreement, "Confidential Information" shall include all information, whether oral or written, that is disclosed by the Disclosing Party that is designated as confidential.

3. Obligations of Receiving Party

The Receiving Party agrees to:

- Keep the Confidential Information confidential and protect it with the same degree of care that it uses to protect its own confidential information.
- Use the Confidential Information solely for the purpose of [describe purpose].
- Not disclose the Confidential Information to any third parties without the prior written consent of the Disclosing Party.

4. Term

This Agreement shall commence on the date above and shall continue in effect until the Confidential Information no longer qualifies as confidential.

5. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of [Insert State].

IN WITNESS WHEREOF, the parties hereto have executed this Confidentiality Agreement as of the date first above written.

Disclosing Party: _____

[Your Company's Name]

Receiving Party: _____

[Recipient's Company's Name]

Signature: _____

Name: [Insert Name]

Title: [Insert Title]