

Date: [Insert Date]

Subject: Insurance Client Data Privacy and Protection Agreement

Between:

[Insurance Company Name]
[Company Address]
(Hereinafter referred to as "the Company")

And:

[Client Name]
[Client Address]
(Hereinafter referred to as "the Client")

1. Purpose

This agreement outlines how the Company collects, uses, protects, and stores the personal and financial information of the Client in compliance with data protection laws.

2. Collection of Information

The Company collects personal data necessary for providing insurance services, including but not limited to: name, contact details, identification numbers, medical history, and financial records.

3. Use of Data

The Client's data will be used solely for:

- Processing insurance applications and policy renewals.
- Assessing risks and underwriting policies.
- Managing and investigating claims.
- Complying with legal and regulatory requirements.

4. Data Protection and Security

The Company agrees to implement technical and organizational measures to prevent unauthorized access, loss, or disclosure of the Client's data. Only authorized personnel with a legitimate business need will have access to this information.

5. Disclosure to Third Parties

The Company will not share personal data with third parties except for:

- Reinsurers and medical professionals involved in the policy.
- Legal authorities as required by law.
- Service providers acting on behalf of the Company under strict confidentiality agreements.

6. Client Rights

The Client has the right to access their data, request corrections, or withdraw consent for data processing, subject to the terms of the insurance policy and legal obligations.

7. Data Retention

The Company will retain the Client's data only for as long as necessary to fulfill the purposes for which it was collected or as required by statutory retention periods.

8. Consent

By signing below, the Client acknowledges that they have read and understood this agreement and consent to the processing of their data as described.

Signature of Client

Date: [Insert Date]

Authorized Signature (Company)

[Name and Title]

Date: [Insert Date]