

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

RE: Acknowledgment of Confidentiality and Protection of Non-Public Information

Dear [Vendor Contact Name],

In connection with the services provided by [Vendor Name] ("Vendor") to [Insurance Agency Name] ("Agency"), Vendor may have access to certain Non-Public Information (NPI), including personal financial and health information of our clients.

By signing this letter, Vendor acknowledges and agrees to the following:

- **Confidentiality:** Vendor shall maintain the strict confidentiality of all NPI and shall not disclose such information to any third party without prior written consent from the Agency, except as required by law.
- **Data Security:** Vendor agrees to implement and maintain appropriate administrative, technical, and physical safeguards to protect the security, integrity, and confidentiality of NPI.
- **Usage Limitation:** Vendor shall use NPI solely for the purpose of performing the services outlined in the service agreement between Vendor and the Agency.
- **Breach Notification:** Vendor agrees to notify the Agency immediately, but no later than [Number] hours, following the discovery of any unauthorized access to or acquisition of NPI.
- **Regulatory Compliance:** Vendor agrees to comply with all applicable state and federal data privacy laws and regulations, including but not limited to GLBA and HIPAA, where applicable.

Please have an authorized representative sign below to acknowledge receipt of this letter and agreement to these terms.

Sincerely,

[Your Name]

[Your Title]

[Insurance Agency Name]

Acknowledgment:

On behalf of [Vendor Name], I hereby acknowledge and agree to the terms set forth in this letter regarding the protection of Non-Public Information.

Signature: _____

Printed Name: _____

Title: _____

Date: _____