**Indemnity Insurance Agreement Form**

**This Indemnity Insurance Agreement ("Agreement") is effective as of \_\_\_\_\_\_\_\_\_\_\_\_ (Date) between:**

* **Policyholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Insurance Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Policy Details**

* **Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Coverage Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Effective Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Coverage Scope
The insurance provider agrees to indemnify the policyholder for losses, liabilities, or claims arising under the following circumstances:**

**3. Premium Payment Terms**

* **Premium Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Payment Frequency: (Monthly/Quarterly/Annually) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Claim Filing Process
To file a claim, the Policyholder must:**

1. **Notify the provider within \_\_\_ days of the incident.**
2. **Provide supporting documents (e.g., proof of loss, receipts).**
3. **Complete the claim form and submit it for review.**

**5. Termination Clause
This Agreement may be terminated by either party with a \_\_\_-day written notice.**

**Signatures**

* **Policyholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**