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: _____**