CONFIDENTIALITY ACKNOWLEDGMENT
FOR CITY OF BRANDON
GROUP HEALTH & DENTAL BENEFITS PROVIDER
Item #L-11/26

I ,_____, hereby confirm that I hold the position of

_____ with _____(the "Bidder") and am authorized to bind the corporation. The Bidder agrees to ONLY use the 'Additional Information' (Employee Data, Rates & Experience) and its contents that have been provided to the Bidder, by the City of Brandon, for the preparation of the Proposal for the "Group Health & Dental Benefits Provider" and will keep its contents confidential.

The Bidder further agrees that when it prints out the contents or shares them with any sub consultants, that the Bidder shall ensure the sub consultants return all materials to the Bidder.

The Bidder further agrees to destroy the files and ALL the materials in its possession or sub-consultants possession once an award is made, whether the Bidder is the successful Bidder or not.

This _____ day of_____ a.d. 2026

_____ _____

I am authorized to bind the corporation
(Signature of Bidder & corporate seal)

Witnessed by
(Signature of Witness)

_____ _____

_____ _____

(Print here the name and official capacity of individual whose signature appears above)

(Print here the name and official capacity of individual whose signature appears above)

Address of Bidder

Address of Witness

_____ _____

_____ _____

_____ _____

_____ _____

Telephone

Telephone