Insurance Policy Document

Policy Number	POL-7673be6c-ed2742f6-20250410142050
Customer Name	john
Insurance Type	HEALTH
Coverage Amount	$100,000.00
Premium Amount	$400.00
Start Date	10/04/2025
End Date	Not specified

Terms and Conditions

1. This policy is valid for the specified coverage period.

2. Claims must be submitted within 30 days of the incident.

3. Coverage is subject to the terms outlined in the policy agreement.