

# Agreement travel insurance

**agreement date from:** 2025-10-13

**agreement date to:** 2025-10-14

**country:** SPAIN

**Selected risk:** TRAVEL\_MEDICAL

**Persons:**

**Person first name:** John

**Person last name:** Doe

**Person code :** 010882-11034

**Person birth date :** 1990-01-01

**Person medical risk limit level :** LEVEL\_10000

**Agreement premium:** 2.75