

F.A.N.I.MAR. Fondo Assistenza Nazionale Integrativa Marittimi

Via Milano 40/C int. 3 - Sc. Dx 16126 GENOVA
Tel. 010/2518524 – www.fanimar.it - e-mail: info@fanimar.it

**APPENDIX: INJURY COVERAGE (D&D)
Death & Disability Only for Accident**

€294.00/year/non-EU sailor

€0.81(6) /day/non-EU sailor

In accordance with the National Agreement of 10/05/2005 signed in Rome and subsequent additions, in line with the "IBF Agreement", we provide you with the following details:

Shipping Company _____ Maritime Agency _____
Contact Person: Mr./Ms. _____
Address _____ Postal Code _____ City _____
Telephone _____ Fax _____ Email _____

Bank Transfer to F.A.N.I.MAR. at UNICREDIT BANCA SPA

IBAN CODE: IT11Q0200801458000100215555 - Account Number: 000100215555 - A.B.I.: 02008 - C.A.B.: 01458 - C.I.N.: Q

Total Amount: € _____ for a total of _____ non-EU sailors.

Note: Calculations for the addition of personnel during the insurance year should be calculated on a "three hundred and sixtieths" basis

Of which:

nr. _____ "Senior Officers"

nr. _____ "Junior Officers"

nr. _____ "Ratings".

Among these:

nr. _____ Filipino sailors not insured with Amosup

nr. _____ of Indian sailors not insured with Nusi (Ratings) and Mui (Masters/Deck Officers)

Total number of vessels covered: IMO Number - Type – Name – Tonnage – Exercise Table – Registered in International Registry (R.I.):

NR. IMO	TYPE	NAME	TSL	EXERCISE TABLE	R.I.

Total insured ships _____ From _____ To _____ Days _____

STAMP AND SIGNATURE OF SHIPOWNER/AGENCY

Note: Kindly send us the duly completed forms before proceeding with the bank transfer.

SPACE RESERVED FOR FANIMAR

APPENDIX OF DAYS ()

Coverage €.....

From _____ To _____ Days _____ Dec. _____

FANIMAR SIGNATURE _____ Home banking _____