

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

€140.00/year/sailor

€0.38(8) /day/sailor

In accordance with the National Agreements of 20/12/2002 and subsequent renewals of the C.C.N.L. signed in Rome, 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 _____ EU sailors

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

(nr. _____ of personnel on command only on board ships)

Of which:

- nr. _____ in C.R.L. (both on duty and off-duty onshore); nr. _____ in T.P. and/or T.G. (only on duty); among this nr. _____ Masters and/or Deck Officers of Minor Vessels;
- Optionally Number of Masters and/or Deck Officers of Major Vessels _____ in C.R.L. _____ in T.P. _____ and in T.G. _____

Note: For coverage of Captains and/or Directors, it is essential to specify the number as requested above for potential indemnity.

Total number of vessels covered (IMO Number - Type – Name – Tonnage – Operational Table - Registered in International Registry (R.I.): refer to Confitarma Circular No. 33 of 19.02.2004:

| 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 SUGNATURE _____ | Home Banking of _____ |