

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

Via Milano 40/C int. 3 - Sc. Dx 16126 GENOVA  
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## APPENDIX: COVERAGE FOR ACTS OF PIRACY (FOR INDIVIDUAL ITALIAN SEAFARERS EMBARKED ON FOREIGN-FLAGGED SHIPS)

€275.00/year/sailor  
€0.763(8) /day/sailor

In accordance with the exception of the National Agreements of the unions FILT-CGIL, FIT-CISL, and UILTRASPORTI, we provide you with the following details: Italian/EU seafarers embarked on foreign-flagged ships.

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

Coverage for a total amount of: € \_\_\_\_\_ for a total of \_\_\_\_\_ Italian seafarers as listed below, embarked on foreign-flagged ships.

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

SURNAME AND NAME	SHIPS	NR. IMO	TSL

Note: Any inclusion and/or replacement of seafarers and/or ships must be communicated in writing, and the related coverage will start from the date of the communication of the replacement and/or the additional payment.

Total insured seafarers \_\_\_\_\_ 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 of _____