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: COVERAGE FOR ACTS OF PIRACY

(EU AND NON-EU SEAFARERS)

€1,100.00/year/ship
€3.05(5) /year/ship

In accordance with the National Union Agreement signed in Rome on 23/06/2009 and subsequent additions between the unions FILT-CGIL, FIT-CISL, and UILTRASPORTI, and CONFITARMA, 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

Coverage for a total amount of €:_____for a total of our_____cargo ships, as listed below, navigating at risk of acts of piracy within the geographical maritime area indicated in the Agreement.

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

NR. IMO	TYPE	NAME	TSL	NR MAR. average on board

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 of_____