

**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](http://www.fanimar.it) - e-mail: [info@fanimar.it](mailto:info@fanimar.it)

**PIRACY ACT COVERAGE**

(EUROPEAN AND EXTRA MARITIME)

**Euro 1,100.00/annual/vessel**

In accordance with the National Collective Agreement signed in Rome on 23/06/2009 and subsequent integrations between the trade unions Filt-Cgil, Fit-Cisl, and Uiltrasporti, and Confitarma, we hereby provide you with the following information:

Ship Owning Company \_\_\_\_\_ Maritime Agency \_\_\_\_\_  
Contact Person Mr./Ms. \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_ City \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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

IBAN CODE: IT11Q0200801458000100215555 - Account No. 000100215555- A.B.I.: 02008 - C.A.B: 01458 - C.I.N.: Q

Coverage for a total of €: \_\_\_\_\_ for the total number of \_\_\_\_\_ our vessels  
(EXCLUSIVELY FOR CARGO), as per the list below, navigating in piracy-prone areas within the geographical maritime region specified in the Agreement.

IMO NR.	TYPE	NAME	TSL	MAR. NR. (mediamente a bordo)

Total insured vessels \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ months \_\_\_\_\_

SHIP OWNER/AGENCY STAMP AND SIGNATURE

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

<b>SPACE RESERVED FOR FANIMAR</b>	
RENEWAL ( )	Coverage € _____
NEW ( )	
From _____	To _____ Effective date _____ Months _____
FANIMAR SIGNATURE _____	Home banking _____