

F.A.N.I.M.A.R. 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 REPATRIATION EXPENSES AND BASE PAY

FOR SEAFARERS ON CARGO SHIPS

ILO MLC 2006 - Regulation 2.5

(bankruptcy, insolvency, ship abandonment, etc.)

€36.00/year/seafarer

€0.10/day/seafarer

Shipping Company _____ Manager _____ Maritime Agency _____

Contact Person: Mr./Ms. _____

Address _____ Postal Code _____ City _____

Telephone _____ Fax _____ Email _____

Bank Transfer to F.A.N.I.M.A.R. 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 _____ seafarers.

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

NR. IMO	TYPE	SHIPS	TSL	EXERCISE TABLE	FLAG

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.

Insured Limits:

Effective Pay: up to a max of €5,000.00/person/month with a max of 4 months (excluding incentives, bonuses, company awards, and other benefits)

Repatriation Expenses: up to a max of €2,500.00/person

Fuel Purchase: up to a total max per event of €5,000.00 (max 30 days per event)

Daily Meals: up to a max of €15.00/person/day (max 30 days)

Medical Care: up to a max of €1,000.00/person with a max of €5,000.00 per single ship

SPACE RESERVED FOR FANIMAR

APPENDIX OF DAYS () Coverage € _____

From _____ To _____ Days _____ Dec. _____

FANIMAR SIGNATURE _____ Home Banking of _____