

**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)

**INSURANCE COVERAGE FOR SEAMEN'S BOOK (INCLUDING DEATH CASE DUE TO ACCIDENT) FOR COM.TI/D.M. OF MAJOR NAVIGATION**

**Euro 271.00/annual/maritime**

Shipowner Company \_\_\_\_\_ Maritime Agency \_\_\_\_\_  
Contact Person Mr./Ms. \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_ City \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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

**IBAN CODE: IT11Q0200801458000100215555 - A/C 000100215555- A.B.I.: 02008 - C.A.B: 01458 - C.I.N.: Q**

For total amount of € \_\_\_\_\_ relating to total no. \_\_\_\_\_ of Com./D.M. of Major Navigation

**Including**

Nr. \_\_\_\_\_ in C.R.L. both on duty and on shore leave, Nr. \_\_\_\_\_ in T.P. nr. \_\_\_\_\_ in T.G. both on duty and on vacation and R.C. utilization

Overall employed on the following vessels (IMO no. - type - name - tonnage - exercise table - if registered in International Register (I.R.): see Confitarma Circular no. 33 of 19.02.2004):

IMO NR.	TYPE	NAME	TSL	EXERCISE TABLE	R.I.

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

SHIP OWNER/AGENCY STAMP AND SIGNATURE

**N.B. 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 _____