Company:

Full Address:

Declaration of Insurance and social contribution

It is herewith confirmed that our employee

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | Place of Birth | Passport Number | Embarking Date | Disembarking Date |
| ROBERTO IACOUCCI | 14/03/1959 | VEROLI (FR) ITALY | **AX7840330** |  |  |
| QUATTROCIOCCHEJACOPO | 06/09/1993 | FROSINONE(FR) ITALY | AT456428 |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

working as a Contractor / Technician on the vessel ………………... is fully insured for any kind of illness, working accidents and/or any damage and/or harm resulting from these instancesand their social contribution are covered.

The insurance coverage and social contribution includes work to be performed onboard a ship (Italian equivalent “La coperturaassicurativa e contributiva include I lavoricheverannoeffettuati a bordo”).

A medical check-up prior working on board is not required.



PATRICA 19/11/2019

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Date, Signature Stamp