

**ANNUAL RENEWAL FORM FOR THE**  
**CITY OF MOBILE, ALABAMA, BUSINESS LICENSE FOR 2012**

**CERTIFICATE TO BE USED IN REPORTING ALL TYPES OF NEW INSURANCE WRITTEN IN 2012 FOR THE PURPOSE OF COMPLYING WITH THE CITY OF MOBILE'S BUSINESS LICENSE CODE**

**1. Fire and Marine Insurance - New Business:** include all fire lines & marine and allied coverage, including, but not limited to inland marine, ocean marine, and boat owners.

A. Gross premiums, less return premiums, on policies issued during **2011** on property located within the City limits of Mobile (524126).

**Amount of premiums collected in 2011 \$ 30,000.00 @ 4%= \$ 1,200.00**

B. Gross premiums, less return premiums, on policies issued during **2011** on property located within the Police Jurisdiction of the City of Mobile (524129).

**Amount of premiums collected in 2011 \$ 2,000.00 @ 2%= \$ 40.00**

**2. All Other Insurance - New Business:** include all other lines which were not reported in paragraph 1 (A) and (B), including life, health, accident, surety bonds, public liability, auto liability and property damage, and all other miscellaneous coverages.

A. Gross premiums, less return premiums, received during **2011** on policies issued during **2011** to citizens of the City of Mobile (524113).

**Amount of premiums collected in 2011 \$ 20,000.00 @ 1%= \$ 200.00**

B. Gross premiums, less return premiums, received during **2011** on policies issued during **2011** to citizens of the City of Mobile's Police Jurisdiction (524115).

**Amount of premiums collected in 2011 \$ 5,000.00 @ .5%= \$ 25.00**

(\*) Required for premiums written in category 524113 or 524115-Flat Fee: **Issue Fee: 10.00**  
**50.00\***

**TOTAL \$ 1,525.00**

**AFFIDAVIT:** State of \_\_\_\_\_, County of \_\_\_\_\_,

I \_\_\_\_\_, am duly authorized to make this certificate for:

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

And I do hereby certify under oath that the amounts shown above are the total amount of premium revenue defined in section 1 and 2 above collected in **2011** on policies issued by said company on business written by each agent or representative of the Company, and no deductions taken for reinsurance or dividends paid.

By: \_\_\_\_\_ Title: \_\_\_\_\_

**Enclose check with completed affidavit to:**

Dept. #1530  
City of Mobile Business Licenses  
Post Office Box 11407  
Birmingham, AL. 35246-1530