

ANNUAL RENEWAL FORM FOR THE
CITY OF MOBILE, ALABAMA, BUSINESS LICENSE FOR 2011

CERTIFICATE TO BE USED IN REPORTING ALL TYPES OF NEW INSURANCE WRITTEN IN 2010 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 **2010** on property located within the City limits of Mobile (524126).

Amount of premiums collected in 2010 \$ 30,000.00 @ 4%= \$ 1,200.00

B. Gross premiums, less return premiums, on policies issued during **2010** on property located within the Police Jurisdiction of the City of Mobile (524129).

Amount of premiums collected in 2010 \$ 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 **2010** on policies issued during **2010** to citizens of the City of Mobile (524113).

Amount of premiums collected in 2010 \$ 20,000.00 @ 1%= \$ 200.00

B. Gross premiums, less return premiums, received during **2010** on policies issued during **2010** to citizens of the City of Mobile's Police Jurisdiction (524115).

Amount of premiums collected in 2010 \$ 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 **2010** 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