

Company: _____ Phone Number: _____
 Address: _____ Email Address: _____
 City: _____, State: _____, Postal Code _____ Contact: _____
 Account #: _____ FEIN#: _____

**ANNUAL RENEWAL FORM FOR THE
 CITY OF MOBILE, ALABAMA, BUSINESS LICENSE FOR 2018**

CERTIFICATE TO BE USED IN REPORTING ALL TYPES OF NEW INSURANCE WRITTEN IN 2017 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 **2017** on property located within the City limits of Mobile (Code: 524126). If there are return premiums only then enter 0.

Amount of premiums collected in 2017 \$ _____ @ 4%= _____

B. Gross premiums, less return premiums, on policies issued during **2017** on property located within the Police Jurisdiction of the City of Mobile (Code: 524129). If there are return premiums only then enter 0.

Amount of premiums collected in 2017 \$ _____ @ 2%= _____

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 **2017** on policies issued during **2017** to citizens of the City of Mobile (Code: 524113). If there are return premiums only then enter 0.

Amount of premiums collected in 2017 \$ _____ @ 1%= _____

B. Gross premiums, less return premiums, received during **2017** on policies issued during **2017** to citizens of the City of Mobile's Police Jurisdiction (Code: 524115). If there are return premiums only then enter 0.

Amount of premiums collected in 2017 \$ _____ @ .5%= _____

Issue Fee: 10.00
 (*) *required for premiums written in category 2-A or 2-B*-Flat Fee: 50.00*

TOTAL _____

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 **2017** 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