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 (524126). If there are return premiums only, then enter 0.
   Amount of premiums collected in 2017 $ __30,000.00__ @ 4%= $ __1,200.00__
B. Gross premiums, less return premiums, on policies issued during 2017 on property located within the Police Jurisdiction of the City of Mobile (524129). If there are return premiums only, then enter 0.
   Amount of premiums collected in 2017 $ __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 2017 on policies issued during 2017 to citizens of the City of Mobile (524113). If there are return premiums only, then enter 0.
   Amount of premiums collected in 2017 $ __20,000.00__ @ 1%= $ __200.00__
B. Gross premiums, less return premiums, received during 2017 on policies issued during 2017 to citizens of the City of Mobile’s Police Jurisdiction (524115). If there are return premiums only, then enter 0.
   Amount of premiums collected in 2017 $ __5,000.00__ @ .5%= $ __25.00__

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