ANNUAL RENEWAL FORM FOR THE
CITY OF MOBILE, ALABAMA, BUSINESS LICENSE FOR 2021

CERTIFICATE TO BE USED IN REPORTING ALL TYPES OF NEW INSURANCE WRITTEN IN 2020 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 2020 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 2020 $ ___________________ @ 4% = ____________

   B. Gross premiums, less return premiums, on policies issued during 2020 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 2020 $ ___________________ @ 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 2020 on policies issued
   during 2020 to citizens of the City of Mobile (Code: 524113). If there are return premiums
   only then enter 0.

   Amount of premiums collected in 2020 $ ___________________ @ 1% = ____________

   B. Gross premiums, less return premiums, received during 2020 on policies issued
   during 2020 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 2020 $ ___________________ @ .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 2020 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