

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 (524126). If there are return premiums only, then enter 0.

Amount of premiums collected in 2020 \$ 30,000.00 @ 4%= \$ 1,200.00

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

Amount of premiums collected in 2020 \$ 20,000.00 @ 1%= \$ 200.00

B. Gross premiums, less return premiums, received during **2020** on policies issued during **2020** 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 2020 \$ 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 **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