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__

(*) 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 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