

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 2024**

**CERTIFICATE TO BE USED IN REPORTING ALL TYPES OF NEW INSURANCE WRITTEN IN 2023
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 **2023** 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 2023 \$ _____ @ 4%= _____

B. Gross premiums, less return premiums, on policies issued during **2023** 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 2023 \$ _____ @ 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 **2023** on policies issued during **2022** to citizens of the City of Mobile (Code: 524113). If there are return premiums only then enter 0.

Amount of premiums collected in 2023 \$ _____ @ 1%= _____

B. Gross premiums, less return premiums, received during **2023** on policies issued during **2022** 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 2023 \$ _____ @ .5%= _____

Issue Fee: 14.00
(*) 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 **2023** 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:

City of Mobile
Revenue Department
Post Office Box 3065
Mobile, AL 36652-3065