

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 2026**

**CERTIFICATE TO BE USED IN REPORTING ALL TYPES OF NEW INSURANCE WRITTEN IN 2025 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 **2025** 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 2025 \$ \_\_\_\_\_ @ 4%= \_\_\_\_\_

B. Gross premiums, less return premiums, on policies issued during **2025** 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 2025 \$ \_\_\_\_\_ @ 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 **2025** on policies issued during **2024** to citizens of the City of Mobile (Code: 524113). If there are return premiums only then enter 0.

Amount of premiums collected in 2025 \$ \_\_\_\_\_ @ 1%= \_\_\_\_\_

B. Gross premiums, less return premiums, received during **2025** on policies issued during **2024** 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 2025 \$ \_\_\_\_\_ @ .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 **2025** 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