

ANNUAL RENEWAL FORM FOR THE  
CITY OF MOBILE, ALABAMA, BUSINESS LICENSE FOR 2026

EXAMPLE

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

Amount of premiums collected in 2025 \$ 30,000.00 @ 4% = \$ 1,200.00

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

Amount of premiums collected in 2025 \$ 20,000.00 @ 1% = \$ 200.00

B. Gross premiums, less return premiums, received during **2025** on policies issued during **2025** 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 2025 \$ 5,000.00 @ .5% = \$ 25.00

(\*) Required for premiums written in category 524113 or 524115-Flat Fee: **Issue Fee: 14.00**  
**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 **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  
P.O. Box 3065  
Mobile, AL 36652-3065

2026 ANNUAL RENEWAL FORM FOR THE CITY OF MOBILE, ALABAMA  
POLICEMEN AND FIREFIGHTERS PENSION AND RELIEF FUND

CERTIFICATE TO BE USED IN REPORTING ALL CATEGORIES OF FIRE INSURANCE WRITTEN  
FOR THE PURPOSE OF CALCULATING CONTRIBUTIONS TO THE POLICEMEN'S &  
FIREFIGHTER'S PENSION AND RELIEF FUND

Include in the certificate the following:

**Fire Insurance On Property:** (include all lines which insure property against the risk of loss by fire, calculated on the portion of the premium attributable to fire insurance coverage).

Gross premiums, less return premiums, **including renewal premiums**, on policies issued during the preceding year on property located within the City of Mobile **AND** its Police Jurisdiction insuring against risk of fire.

TYPES OF COVERAGE:	(A) FIRE %	(B) TOTAL NEW PREMIUMS	(C) % FIRE PREMIUM (A x B)	(D) TOTAL RENEWAL PREMIUMS	(E) % FIRE PREMIUM (A x D)
Fire/Marine/Boat	<u>100</u> %	\$ <u>32,000.00</u>	<u>\$ 32,000.00</u>	\$ 80,000.00	{ <u>\$ 80,000.00</u> }
Homeowners	<u>40</u> %	\$ <u>15,000.00</u>	<u>6,000.00</u>	\$98,000.00	{ <u>\$39,200.00</u> }
Auto Comp.	<u>20</u> %	\$ <u>5,000.00</u>	<u>1,000.00</u>	\$60,000.00	{ <u>\$12,000.00</u> }
All Other	<u>20</u> %	\$ <u>5,000.00</u>	<u>1,000.00</u>	\$40,000.00	{ <u>\$8,000.00</u> }

TOTALS FROM ABOVE: [(C)] \$ 40,000.00 [(E)] \$ 139,200

Amount of **NEW PREMIUMS** collected during 2025-[(C)] : \$ 40,000 @ 2 % = \$ 800.00

Amount of **RENEWAL PREMIUMS** collected during 2025-[(E)] \$ 139,200 @ 2 % = \$ 2,784.00

**TOTAL:** \$ 3,584.00

**AFFIDAVIT:** State of \_\_\_\_\_, County of \_\_\_\_\_, I \_\_\_\_\_,

am duly authorized to make this certificate for: Name 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 as defined above and collected in 2025 on policies issued by said company on business written by each agent or representative of the Company, and that there have been no deductions for reinsurance or dividends paid.

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

**Enclose check with completed affidavit to:**  
Mobile Policemen's and Firefighter's Pension Fund  
Attn: Pension Fund Collection Center  
Post Office Box 3065 Mobile, Alabama 36652-3065

City of Mobile  
Revenue Department  
251-208-7462  
PO Box 3065  
Mobile, AL 36652-3065



**Instructions on how to file for Policemen’s and Firefighters’ Pension Fund**

- Sum of new Fire and Marine premiums from Business License Renewal form (line 1A and line 1B) should be reported on Pension Fund form line Fire/Marine/Boat column (B) and (C).
- Total new premiums from Business License Renewal form with fire coverage from line 2A and line 2B should be reported in Pension column (B) based of respective category.
- Percentage for Auto Comp., Homeowners, and All other will vary based on each company’s allocation of fire coverage for each line of insurance.

**How fire coverage for All other, Auto Comp., and Homeowners is typically calculated**

$$\text{Fire Coverage \%} = \frac{\text{total fire coverage per line of insurance (new + renewals)}}{\text{total premiums per line of insurance (new + renewals)}}$$

$$\text{Homeowner: } \frac{\$6,000.00 + \$39,200.00}{\$15,000.00 + \$98,000.00} = 40\%$$

$$\text{Auto Comp.: } \frac{\$1,000 + \$12,000}{\$5,000 + \$60,000} = 20\%$$

$$\text{All Other: } \frac{\$1,000 + \$8,000}{\$5,000 + \$8,000} = 20\%$$

- Renewal Premiums should be ONLY reported on Pension fund form, columns (D) and (E)

\* Numbers from above formula are color coded, please refer to attached example.\*