

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_.  
 Postal Code: \_\_\_\_\_  
 FEIN#: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Account #: \_\_\_\_\_

## 2025 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) 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	_ 1 0 0 _ %	_____	[ _____ ]	_____	{ _____ }
Homeowners	_____ %	_____	[ _____ ]	_____	{ _____ }
Auto Comp.	_____ %	_____	[ _____ ]	_____	{ _____ }
All Other	_____ %	_____	[ _____ ]	_____	{ _____ }
<b>TOTALS FROM ABOVE:</b>			<b>[(C) _____]</b>	<b>{(E) _____}</b>	

Amount of **NEW PREMIUMS** collected during 2023-[(C)] Code: **525110** \$ \_\_\_\_\_ @ 2 % = \_\_\_\_\_

Amount of **RENEWAL PREMIUMS** collected during 2023-{(E)} Code **525111** \$ \_\_\_\_\_ @ 2 % = \_\_\_\_\_

**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 as defined above and collected in 2023 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