

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	_____ %	_____	[_____]	_____	{ _____ }
TOTALS FROM ABOVE:			[(C) _____]		{(E) _____}

Amount of **NEW PREMIUMS** collected during 2024-[(C)] Code: **525110** \$ _____ @ 2 % = _____

Amount of **RENEWAL PREMIUMS** collected during 2024-{(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 2024 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