

**ANNUAL RENEWAL FORM FOR THE
CITY OF MOBILE, ALABAMA, BUSINESS LICENSE FOR 2025**

EXAMPLE

CERTIFICATE TO BE USED IN REPORTING ALL TYPES OF NEW INSURANCE WRITTEN IN 2024 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 2024 on property located within the City limits of Mobile (524126). If there are return premiums only, then enter 0.

Amount of premiums collected in 2024 \$ 30,000.00 @ 4% = \$ 1,200.00

Total New Fire and Marine Insurance Premiums

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

Amount of premiums collected in 2024 \$ 20,000.00 @ 1% = \$ 200.00

Total New Premiums with fire coverage from line 2A and 2B

B. Gross premiums, less return premiums, received during 2024 on policies issued during 2024 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 2024 \$ 5,000.00 @ .5% = \$ 25.00

Issue Fee: 14.00
50.00*

(* Required for premiums written in category 524113 or 524115-Flat Fee:

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 2024 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

**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).

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	100 %	\$ 32,000.00	\$ 32,000.00	\$ 80,000.00	{ \$ 80,000.00 }
Homeowners	40 %	\$ 15,000.00	6,000.00	\$ 98,000.00	{ \$ 39,200.00 }
Auto Comp.	20 %	\$ 5,000.00	1,000.00	\$ 60,000.00	{ \$ 12,000.00 }
All Other	20 %	\$ 5,000.00	1,000.00	\$ 40,000.00	{ \$ 8,000.00 }
TOTALS FROM ABOVE:			[(C) \$ 40,000.00]		{(E) \$ 139,200 }

Amount of **NEW PREMIUMS** collected during 2024-[(C)] : \$ 40,000 @ 2 % = \$ 800.00

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

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.*