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 Attorney(s) for Plaintiff

)	SUPERIOR COURT OF NEW JERSEY
)	CHANCERY DIVISION-FAMILY PART
)	
)	COUNTY HUNTERDON
)	Plaintiff,
)	
vs.)	DOCKET NO.
)	
)	Civil Action
)	
)	
)	Defendant.
)	CERTIFICATION OF INSURANCE COVERAGE
)	PURSUANT TO R.5:4-2(f)

I, , residing at , being of full age, hereby certifies as follows:

1. Am the Plaintiff in the above captioned matter and I make this Affidavit pursuant to R. 5:4-2(f).
2. Following is a list of all insurance coverage, known to me, related to the above-captioned parties and our minor children.

LIFE INSURANCE

Name of Company:	Address:
Policy Number:	Beneficiary:
Face Amount:	Name Of Insured:
Policy Owner:	2nd Beneficiary:
Policy Term:	

HEALTH INSURANCE

Name of Insured:			
Name of Company:	Coverage Type:		
Address:	Single	Parent-Child	Family
Policy Number:	Optical	Hospital	Major Medical
Group Number:	Dental	Drug	Diagnostic
Made available through employment or Provided by			

AUTOMOBILE INSURANCE

Name of Company:					Make of Vehicle:
Address of Company:					Model of Vehicle:
Policy Number:					Year of Vehicle:
Policy Expiration Date:					
Coverage Limits:					Driver(s) of Vehicle:
Lawsuit Threshold:	Yes	No	Lien holder/Lessor:		
Umbrella Coverage:	Yes	No	Address of Lien holder/Lessor:		
Use of Vehicles:	Personal	Business	Personal and Business		

HOMEOWNERS INSURANCE

Name of Company:					Policy Number:
Address of Company:					Policy Exp Date:
Address of Covered Residence:					
Coverage Limits: Jewelry					Contents
Umbrella Coverage:	Yes	No	Liability		
Mortgagee (if applicable):					
Address of Mortgagee:					
Rider(s) to Policy:	Jewelry	Furs	Artwork	Others	

Comments:

3. To the best of my knowledge and belief, none of the above referenced insurance coverage was cancelled or modified within ninety days preceding the date of this affidavit.
4. Apart from the insurance coverage listed above, I am aware of no other insurance pertaining to the parties and/or their minor children.
5. I understand that I am prohibited by the Rules of Court (R. 5:4-2(f) from taking any action to cancel or otherwise modify existing insurance coverage until further Order of the Court.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____