

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

\_\_\_\_\_, residing at \_\_\_\_\_, New Jersey, being of full age, hereby certifies as follows:

1. I am the Plaintiff in the above captioned matter and I make this certification 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 Insured:	
Company Name:	
Company Address:	
Policy Owner:	
Policy Number:	
Beneficiary:	
2nd Beneficiary:	
Face Amount:	
Policy Term:	

### HEALTH INSURANCE

Name of Insured:	
Company Name:	
Company Address:	
ID Number:	
Group Number:	
Coverage Type:	

### AUTOMOBILE INSURANCE

Name of Insured:	
Company Name:	
Company Address:	
Policy Number:	
Policy Expiration Date:	
Make, Model, Year of Vehicle:	
Coverage Limits:	
Lawsuit Threshold:	
Umbrella Coverage:	
Driver(s) of Vehicle:	
Lien holder/Lessor:	
Address of Lien holder/Lessor:	
Use of Vehicles:	

### HOMEOWNERS INSURANCE

Company Name:	
Company Address:	
Policy Number:	
Policy Expiration Date:	
Address of Covered Residence:	
Coverage Limits:	
Umbrella Coverage:	
Mortgagee (if applicable) :	
Address of Mortgagee:	
Rider(s) to Policy:	

**MISCELLANEOUS OR OTHER INSURANCES**

Type of Insurance:	
Name of Insured:	
Company Name:	
Company Address:	
Policy Number:	
Policy Expiration Date:	
Coverage Limits:	
Details:	

Type of Insurance:	
Name of Insured:	
Company Name:	
Company Address:	
Policy Number:	
Policy Expiration Date:	
Coverage Limits:	
Details:	

Type of Insurance:	
Name of Insured:	
Company Name:	
Company Address:	
Policy Number:	
Policy Expiration Date:	
Coverage Limits:	
Details:	

**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 above-mentioned parties and/or our 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: \_\_\_\_\_