

CERTIFICATION OF INSURANCE COVERAGE PURSUANT TO R.5:4-2(f)

(Client), of full age, hereby certifies:

1. I am the plaintiff/defendant in the foregoing Complaint for Divorce/Answer & Counterclaim. To the best of my knowledge and belief, the insurance coverage within this Certification represents all insurance coverage of myself and the defendant/plaintiff in this matter (and our minor children).

2. To the best of my knowledge and belief, none of the insurance coverage listed within this Certification was canceled or modified within the ninety days preceding the date of this Certification.

LIFE INSURANCE

Name of Company:

Policy Number:

Face Amount:

Policy Owner:

Address:

Beneficiary:

Named of Insured:

Policy Term: (if applicable)

Name of Company:

Policy Number:

Face Amount:

Policy Owner:

Address:

Beneficiary:

Named of Insured:

Policy Term:

HEALTH INSURANCE

Name of Insured:

Name of Company:

I.D. Number:

Address:

Group Number:

Coverage Type: Single [] Parent-Child [] Family [] Optical []
Hospital [] Major Medical [] Dental [] Drug [] Diagnostic []

Check if made available through employment [] or personally obtained []

AUTOMOBILE INSURANCE

Name of Company:

Address of Company:

Policy Number:

Policy Expiration Date:

Make of Vehicle(s):

Model of Vehicle(s):

Year of Vehicle(s):

Coverage Limits:

Lawsuit Threshold: Yes No

Umbrella Coverage: Yes No

Umbrella Coverage: \$

Drivers of Vehicle(s):

Lien holder/Lessor:

Address of Lien holder/Lessor:

Use of Vehicle: Personal Business Personal and Business

HOMEOWNER'S INSURANCE

Name of Company:

Address of Company:

Policy Number:

Policy Expiration Date:

Address of Covered Residence:

Coverage Limits:

Umbrella Coverage: Yes No

Umbrella Coverage: \$

Mortgagee:

Address of Mortgagee:

Rider(s) to Policy:

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:
