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 Attorneys for Plaintiff

	:	SUPERIOR COURT OF NEW JERSEY
,	:	CHANCERY DIVISION: FAMILY PART
	:	COUNTY
Plaintiff,	:	Docket No. FM-
	:	
-vs.-	:	<u>Civil Action</u>
	:	
,	:	AFFIDAVIT OF
	:	INSURANCE COVERAGE
Defendant.	:	
	:	

I, _____, of full age, hereby certifies:

1. I am the _____ in the above referenced matter and I make this affidavit pursuant to R. 5:4-2(f).
2. I hereby certify that the list annexed hereto is a complete list of all known insurance coverage of the parties to this action.
3. I have not caused to be cancelled or modified any insurance coverage within the last 90 days.

Sworn to before me on this _____ day
 of _____, 2008

 NOTARY PUBLIC

LIFE INSURANCE

Name of Company:
Policy Number:
Face Amount:
Policy Owner:
Address:
Beneficiary:
Name of Insured:
Policy Term (if applicable)

HEALTH INSURANCE

Name of Insured:
Name of Company:
Address:
I.D. Number:
Group Number:
Coverage Type:
Single [] Parent-Child [] Family [] Optical [] Hospital []
Major Medical [] Dental [] Drug [] Diagnostic []

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

AUTOMOBILE INSURANCE

Name of Company:
Address of Company:

Policy Number:
Policy Expiration Date:
Make of Vehicle:
Model of Vehicle:
Year of Vehicle:
Coverage Limits:
Lawsuit Threshold: [] Yes [] No
Umbrella Coverage [] Yes [X] No Umbrella Coverage \$ _____
Driver(s) of Vehicle:
Lien holder/Lessor (if applicable)
Address of Lien holder/Lessor
Use of Vehicle [x] Personal [] Business [] Personal and Business

HOMEOWNERS INSURANCE

Name of Company:

Address of Company:

Policy Number:

Policy Expiration Date:

Coverage Limits:

Umbrella Coverage Yes No Umbrella Coverage \$_____

Mortgagee (if applicable)

Address of Mortgagee

Rider(s) to Policy Jewelry Furs Artwork Other

DISABILITY INSURANCE

Name of Company:

Address:

Policy No.:

Description of coverage:

Name of Insured:

How obtained:

Effective Policy Date and renewal date:

Cost: