

MORRIS, DOWNING & SHERRED, LLP
ONE MAIN STREET
P. O. BOX 67
NEWTON, NEW JERSEY 07860
Attorneys for _____

: SUPERIOR COURT OF NEW JERSEY
: CHANCERY DIVISION: FAMILY PART
: _____ COUNTY
Plaintiff, : DOCKET NO.: FM-
:
-vs- : *Civil Action*
:
: **INSURANCE CERTIFICATION IN LIEU OF**
: **AFFIDAVIT PURSUANT TO**
Defendant. : **R. 5:4-2(F)**
:
_____:

I, _____, of full age certify as follows:

Listed below are all known insurance coverage of the parties and their minor children, including but not limited to life, health, automobile, and homeowner's insurance:

Type of Insurance: **LIFE INSURANCE**

Name of Insurance Company:

Name of Insured and, if applicable, other persons covered by the policy:

Description of the Coverage including policy number and amount:

In case of life insurance, an identification of the named beneficiaries:

Type of Insurance: **HEALTH INSURANCE**

Name of the Insurance Company:

ID Number:

Group Number:

Name of Insured and, if applicable, other persons covered by the policy:

Description of the coverage including policy term:

Type of Insurance: **AUTOMOBILE INSURANCE**

Name of the Insurance Company:

Policy Number:

Name of Insured and, if applicable, other persons covered by the policy:

Vehicles Insured:

Type of Insurance: **HOMEOWNER'S INSURANCE**

Property Location:

Name of the Insurance Company:

Policy Number:

Amount of Insurance:

Name of Insured and, if applicable, other persons covered by the policy:

Has any insurance coverage been canceled or modified within the ninety days preceding the date of this affidavit? Yes No

If so, please provide a description of the canceled insurance coverage.

I understand that the insurance coverage identified in this affidavit shall be maintained pending 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:
