

**CERTIFICATION OF INSURANCE COVERAGE**  
**PURSUANT TO R. 5:4-2**

I, \_\_\_\_\_, do hereby certify that:

1. I am the plaintiff/defendant (circle one) in the foregoing Complaint.
2. To the best of my knowledge, the following comprises a listing of all known insurance coverage of the parties hereby and our minor children, including but not limited to life, health, automobile, and homeowners insurance:

**LIFE INSURANCE**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Other persons covered by the policy: \_\_\_\_\_

**HEALTH INSURANCE**

Name of Insured: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Coverage Type: Single  Family  Optical  Health  Major Med

Dental  Drug  Diagnostic  Other  \_\_\_\_\_

**AUTOMOBILE INSURANCE**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Model of Vehicle: \_\_\_\_\_

Coverage Limits: \_\_\_\_\_

Lawsuit Threshold: \_\_\_\_\_

Umbrella Coverage: \_\_\_\_\_

Driver(s) of Vehicle: \_\_\_\_\_

Lien holder/Lessor (if applicable): \_\_\_\_\_

**HOMEOWNERS INSURANCE**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Covered Residence Address: \_\_\_\_\_

Coverage Limits: \_\_\_\_\_

Umbrella Coverage: \_\_\_\_\_

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 for contempt of court.

Dated: \_\_\_\_\_