

Name _____
(Plaintiff's or defendant's name, address, and telephone number)

Address _____

Telephone _____

_____, *Pro Se*
(Plaintiff or defendant)

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION—FAMILY PART

_____ COUNTY
(County where complaint is filed)

DOCKET NO. FM _____
(Docket number of the complaint)

<p>Name: _____ Plaintiff</p> <p>vs.</p> <p>Name: _____ Defendant</p>
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CIVIL ACTION
**CERTIFICATION
OF INSURANCE
PURSUANT TO
R. 5:4-2(f)**

I, _____, of full age, hereby certify:
(Your name)

- I am the _____ in this action for _____.
(Plaintiff or defendant) (Divorce/dissolution)
- The insurance policies listed in this certification represent all of the insurance coverage obtained by or for myself.
- To the best of my knowledge and belief, none of the insurance coverage listed in this certification was canceled or modified within the ninety days preceding the date of this certification.

(Fill out all applicable sections. If not applicable, write in "not applicable.")

LIFE INSURANCE

Company Name _____ Address _____

Policy No. _____ Beneficiary _____
Face Amount \$ _____
Policy Owner _____ Name of Insured _____

Policy Term _____

HEALTH INSURANCE

Insured's Name _____ Address _____

Company Name _____ Group Number _____

I.D. Number _____
Coverage type: Single Parent/Child Family Optical
 Hospital Major Medical Dental
 Diagnostic Prescription
Check if made available through Employment or Personally obtained

AUTOMOBILE INSURANCE

Name of Company _____
Company Address _____
Policy Number _____
Policy Expiration Date _____ Vehicle Make _____
Vehicle Model _____ Vehicle Year _____
Coverage Limits _____
Lawsuit Threshold Yes No
Umbrella Coverage Yes No

Drivers of the Vehicle _____

Lien Holder/Lessor (if applicable) _____

Address of Lien Holder/Lessor _____

Use of the Vehicle Personal Business Personal and Business

HOMEOWNERS INSURANCE

Company Name _____

Company Address _____

Policy No. _____ Policy Expiration: _____

Address of Covered Residence _____

Coverage Limits _____

Umbrella Coverage Yes No Umbrella Coverage \$ _____

Mortgage (If applicable) _____

Address of Mortgagee _____

Rider(s) to Policy Jewelry Furs Artwork Other

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.

(Plaintiff's or defendant's signature) Plaintiff or Defendant, *Pro Se*

(Plaintiff's or defendant's name printed)

Dated _____
(Date on which document is signed)