
 _____ (Name of Plaintiff)
 _____ (Address)
 _____ (Phone)

		SUPERIOR COURT OF NEW JERSEY
_____,		CHANCERY DIVISION
		FAMILY PART,
vs.		CASI
_____,		<u>AFFIDAVIT OF INSURANCE COVERAGE</u>

STATE OF NEW JERSEY)
)SS
COUNTY OF _____)

I, _____, being of full age and duly sworn, according to law, upon oath, depose and say:

1. I am the Plaintiff in this case and am filing this Affidavit in support of my Complaint for Divorce.
2. The following is a complete list of all known insurance coverage of the parties, including but not limited to life, health, automobile, and homeowner's insurance.

Name of Insured:		Type of Ins (circle):	Life/Health/Auto/Hor
Insurance Co. Name:			
		Fax:	
Policy Number:		Who Else Covered:	
<i>(If Applicable)</i> Policy Ter			
Name Beneficiary(ies):			
Name of Insured:		Type of Ins (circle):	Life/Health/Auto/Hor

Insurance Co. Name:			
		Fax:	
Policy Number:		Who Else Covered:	
<i>(If Applicable)</i> Policy Ter			
Name Beneficiary(ies):			
Name of Insured:		Type of Ins (circle):	Life/Health/Auto/Hor
Insurance Co. Name:			
		Fax:	
Policy Number:		Who Else Covered:	
<i>(If Applicable)</i> Policy Ter			
Name Beneficiary(ies):			
Name of Insured:		Type of Ins (circle):	Life/Health/Auto/Hor
Insurance Co. Name:			
		Fax:	
Policy Number:		Who Else Covered:	
<i>(If Applicable)</i> Policy Ter			
Name Beneficiary(ies):			

I hereby specify that any and all cancellations or modifications made to these or any other insurance policies within the last ninety (90) days are listed below:

All insurance identified in this affidavit shall be maintained pending further order of the court.

Dated: _____ By: _____
Plaintiff

Sworn and Subscribed to before me, this ____ day of _____, 20____.

Notary Public of the State of New Jersey

My commission expires on _____.