

Jadoo & Zalenski, LLC  
Counselors at Law  
82 Grand Avenue  
Englewood, NJ 07631  
201-568-5510 (telephone)  
201-568-5518 (fax)

Plaintiff,  vs.  Defendant.	SUPERIOR COURT OF NEW JERSEY CHANCERY DIVISION: FAMILY PART BERGEN COUNTY  DOCKET NO.: <u>Civil Action</u>  <b>AFFIDAVIT OF INSURANCE COVERAGE</b>
-----------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The Plaintiff, \_\_\_\_\_, of full age, upon her oath, deposes and says:

The following is a list of my insurance coverage information:

- MEDICAL:** Name of Insurance Co.:  
Policy No.:  
Name of Insured:  
Persons Covered:  
Description of Coverage:
- LIFE:** Name of Insurance Co.: N/.A  
Policy No.:  
Name of Insured:  
Persons Covered:  
Named Beneficiaries:
- AUTOMOBILE:** Name of Insurance Co.:  
Policy No.:  
Name of Insured:  
Persons Covered:  
Description of Coverage:  
Policy Term: =
- HOMEOWNERS:** Name of Insurance Co.:  
Policy No.:  
Name of Insured:  
Persons Covered:  
Description of Coverage:  
Policy Term:

Has any insurance coverage been cancelled or modified within ninety (90) days preceding the date of this Affidavit?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Insurance coverage identified in this Affidavit shall be maintained pending further Order of the Court pursuant to R. 5:4-2(f).

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.

Sworn to and subscribed to me  
this    day of                    , 200

---

