

**FINANCIAL AFFIDAVIT**

\_\_\_\_\_  
Plaintiff

vs

\_\_\_\_\_  
Defendant

SUPERIOR COURT OF  
NEW JERSEY  
CHANCERY DIVISION  
FAMILY PART  
\_\_\_\_\_ COUNTY

CIVIL ACTION NO. \_\_\_\_\_

**FINANCIAL AFFIDAVIT**

\_\_\_\_\_ certifies as follows:

1. I am the \_\_\_\_\_ (plaintiff or defendant) in the above attached \_\_\_\_\_ (complaint for divorce, answer or appearance.) To the best of my knowledge and belief, the insurance coverage within this certification represents all insurance coverage for myself, the \_\_\_\_\_ (opposing party) in this matter, and our minor children.

2. To the best of my knowledge and belief, none of the insurance coverage listed within this certification was canceled or modified within 90 days preceding the date of this certification.

**LIFE INSURANCE**

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

Address \_\_\_\_\_

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

Beneficiary \_\_\_\_\_

Face Amount \_\_\_\_\_

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

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

Policy Term \_\_\_\_\_

(if applicable)

HEALTH INSURANCE

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

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

Address \_\_\_\_\_

I. D. Number \_\_\_\_\_ Group Number \_\_\_\_\_

Coverage Type:  Single  Parent-Child  Family

Optical  Hospital  Major Medical  Dental  Drug  Diagnostic

Check if made  through employment or  personally obtained.

AUTOMOBILE INSURANCE

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

Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Year of Vehicle \_\_\_\_\_

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

Lawsuit Threshold  Yes  No

Umbrella Coverage  Yes  No Umbrella Coverage \$ \_\_\_\_\_

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

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

Use of Vehicle  Personal  Business  Personal and Business

HOMEOWNER'S INSURANCE

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

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

Policy Number \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_

Address of Covered Residence \_\_\_\_\_

\_\_\_\_\_

Covered Limits \_\_\_\_\_

Umbrella Coverage  Yes  No Umbrella Coverage \$ \_\_\_\_\_

Mortgagee (if applicable) \_\_\_\_\_

Address of Mortgagee \_\_\_\_\_

Rider(s) to Policy  Jewelry  Furs  Artwork  Other

I hereby certify that the above statements made by me are true. I am aware that if any of the above statements made by me are willfully false, I am subject to punishment.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_