

CERTIFICATION OF INSURANCE

of full age, hereby certifies;

1. I am the **plaintiff/defendant** in the foregoing complaint for divorce. To the best of my knowledge and belief, the insurance coverage within this certification represents all of the insurance coverage for myself and for my spouse in this matter, and for 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 withing ninety days preceding the date of this certification.

LIFE INSURANCE

Name of Company: _____
Address: _____
Policy No.: _____ Beneficiary _____
Face Amount \$ _____ Name of Insured _____
Policy Owner _____ Policy Term (if applicable)_____

HEALTH INSURANCE

Name of Insured _____
Name of Company _____
Address: _____
ID Number _____ Group Number _____

Coverage Type: Single [] Parent-Child [] Family [] Optical []
Hospital [] Major Medical [] Dental [] Drug [] Diagnostic []

Check if made available through employment [] or personally obtained []

AUTOMOBILE INSURANCE

Name of Company _____
Address of Company _____
Policy Number _____ Make of Vehicle _____
Model 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) _____
Address of Lien Holder/Lessor _____
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 _____
Coverage Limits _____
Umbrella Coverage Yes No. Umbrella Coverage \$ _____
Mortgagee (if applicable) _____
Address of Mortgagee _____
Riders(s) to Policy: Jewelry Furs Artwork
 Other

I certify that all of 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/DEFENDANT

DATE: