

**CERTIFICATION OF INSURANCE COVERAGE
PURSUANT TO R. 5:4-2 (f)**

I, Rhonda Webber, do hereby certify that:

1. I am the Plaintiff in the foregoing Complaint.
2. To the best of my knowledge, the following comprises a listing of all known insurance coverage of the parties hereto and our minor children, including but not limited to life, health, automobile, and homeowners insurance:

A) Name and Address of Your Health Insurance Company(ies);
Policy Information:

Name of Company _____

Address _____

I.D. Number _____ Group Number _____

Named Insured _____

Other persons covered by the policy _____

Coverage Type: Single (); Parent-Child (); Family (); Optical ();
Hospital (); Major-Medical (); Dental (); Drug (); Diagnostic ()
Check if made available through employment (); or personally obtained ()

Name of Company _____

Address _____

I.D. Number _____ Group Number _____

Named Insured _____

Other persons covered by the policy _____

Coverage Type: Single (); Parent-Child (); Family (); Optical ();
Hospital (); Major-Medical (); Dental (); Drug (); Diagnostic ()
Check if made available through employment (); or personally obtained ()

B) Name and Address of Life Insurance Company(ies); Policy Information:

Name of Company _____

Address _____

Policy Number _____

Beneficiary _____

Face Amount \$ _____ Name of Insured _____

Other persons covered by the policy _____

Policy Owner _____

Policy Term if Applicable _____

Name of Company _____

Address _____

Policy Number _____

Beneficiary _____

Face Amount \$ _____ Name of Insured _____

Other persons covered by the policy _____

Policy Owner _____

Policy Term if Applicable _____

C) Name and Address of Your Automobile Insurance Company(ies); Policy Information:

Name of Company _____

Address _____

Policy Number _____

Name of Insured _____

Other persons covered by the policy _____

Description of Coverage _____

Policy Owner _____

D) Name and Address of Your Homeowners Insurance Company(ies);

Policy Information:

Name of Company _____

Address _____

Policy Number _____

Name of Insured _____

Other persons covered by the policy _____

Description of Coverage _____

Policy Owner _____

3. To the best of my knowledge, () all known insurance coverage of the parties hereto and our minor children, including but not limited to life, health, automobile, and homeowners insurance, has neither been cancelled nor modified within (90) days preceding the date of this Certification; () known insurance coverage of the parties hereto and our minor children, including but not limited to

life, health, automobile, and homeowners insurance, has been cancelled or modified within (90) days preceding the date of this Certification; specifically:

4. 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.

DATED: _____
Rhonda Webber