



**THE MICKLIN LAW GROUP** LLC  
EMPOWERING MEN IN DIVORCE & FAMILY LAW ISSUES

# INSURANCE FORM

The following is a listing of insurance coverage of the parties and their minor children, if any, of which this party has knowledge:

## MEDICAL INSURANCE

Name of Policy Holder \_\_\_\_\_

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

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

## LIFE INSURANCE

Name of Policy Holder \_\_\_\_\_

Name(s) of People Insured \_\_\_\_\_

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

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

## AUTOMOBILE INSURANCE

Name of Policy Holder \_\_\_\_\_

Name(s) of People Insured \_\_\_\_\_

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

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

## HOMEOWNERS INSURANCE

Name of Policy Holder \_\_\_\_\_

Address of Property Insured \_\_\_\_\_

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

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

## INSURANCE CANCELED WITHIN LAST 90 DAYS

Name of Policy Holder \_\_\_\_\_

Name(s) of People Insured \_\_\_\_\_

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

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

Insurance coverage identified in this affidavit shall be maintained pending further order of the court.

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BRAD M. MICKLIN, ESQ.

\_\_\_\_\_  
DATE