	State	of New Jersey	
License No: 1279	9602	-	NPN: 15773975
	Department of	of Banking and Insuran	се
	SHA	RON FALLON	
This insurance license is renewal requirements set	42 CARI H THE FOLLOWING LICENSE TYPE(valid and shall remain in effect unless r forth in N.J.A.C. 11:17-2.5, including c	MCCARTHY FORDE 9 HACKENSACK ST STADT NJ 07072-1302 S) AND AUTHORITIES evoked or suspended provided that the fee se pontinuing education requirements for resident ailing address approximately 30 days prior to	individuals, are met by the license
LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE	DATE EXPIRATION DATE
	Casualty; Property	02/01/202	22 01/31/2024

The department maintains an informative website at www.dobi.nj.gov. Please visit this web page for valuable information and forms necessary to maintain compliance with licensing requirements.

Department Contact Information web site: www.dobi.nj.gov phone: (609) 292-4337 fax: (609) 984-5263

The request for any change of license information must be sent to the Department within 30 days of the change. Make any checks and/or money orders payable to: **STATE OF NEW JERSEY, GENERAL TREASURY** Mailing Address: Department of Banking and Insurance 20 West State Street P.O. Box 327 Trenton, NJ. 08625-0327

69 LINDEN AVE. PARK RIDGE NJ 07656