



COMMERCIAL CRIME POLICY DECLARATIONS

Administrative Office
1400 American Lane
Schaumburg, IL 60196

This policy issued by: Fidelity and Deposit Company of Maryland Policy No. CCP 0053692 08
 Colonial American Casualty and Surety Company
(a stock insurance company)

Named Insured and Mailing Address
Nationwide Asset Services Inc

1990 W Camelback RD Ste215
Phoenix AZ 85015

Producer Name and Address:
Hallmark Associates Insurance Services
5601 E La Palma Ave
Anahelm CA 92807-2107

Policy Period: From 08/31/2009 to 08/31/2010 at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS AND CONDITIONS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft	\$ 1,000,000.00	\$ 5,000.00
2. Forgery Or Alteration	50,000.00	1,000.00
3. Inside The Premises -- Theft of Money and Securities	Not Covered	
4. Inside The Premises -- Robbery Or Safe Burglary Of Other Property	Not Covered	
5. Outside The Premises	Not Covered	
6. Computer Fraud	50,000.00	1,000.00
7. Funds Transfer Fraud	50,000.00	1,000.00
8. Money Orders And Counterfeit Paper Currency	Not Covered	
If Added By Endorsement, Insuring Agreement(s)	\$ _____	\$ _____

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

*Policy Premium is payable: \$ 3,056.00 at inception; \$ _____ 1st Anniversary; \$ _____ 2nd Anniversary

*Includes Taxes and/or Surcharges: \$ n/a CA Surcharge

ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED:

CR 00 22 05 06 CR 02 27 06 04 UCR 129A 05 03

CANCELLATION OF PRIOR INSURANCE ISSUED BY US: By acceptance of this Policy you give us notice canceling prior policy or Bond Nos. CCP 0053692 07 the cancellation to be effective at the time this Policy becomes effective.

COUNTERSIGNED: _____
(Date)

By: _____
Authorized Representative

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary but this policy shall not be valid unless completed by the attachment hereto of a declarations page countersigned by a duly authorized representative of the Company.

Attest

Secretary

By

President



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