



# COMMERCIAL CRIME POLICY DECLARATIONS

Administrative Office  
1400 American Lane  
Schaumburg, IL 60196

This policy issued by:  Fidelity and Deposit Company of Maryland  
 Colonial American Casualty and Surety Company  
(a stock insurance company)

Policy No. CCP 0053692 09

Named Insured and Mailing Address  
Nationwide Asset Services Inc  
Universal Debt Reduction LLC  
1990 W Camleback RD Ste215  
Phoenix AZ 85015

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

Policy Period: From 08/31/2010 to 08/31/2011 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<br>Per Occurrence | DEDUCTIBLE AMOUNT<br>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: \$ 3,797.00 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 08 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

