



ZURICH

ZURICH AMERICAN INSURANCE COMPANY
Schaumburg, IL 60196-1056

Policy Number FID 9045972 00

Crime Policy Declarations Form A

This policy consists of this Declarations Form, the Common Policy Conditions, the Crime General Provisions Form and the Coverage Forms indicated as applicable.
Insured by the Stock Company checked below.

ZURICH AMERICAN INSURANCE COMPANY

In return for the payment of the premium, and subject to all the terms of this Policy, we agree with you to provide the insurance as stated in this Policy.

1. Named Insured Nations Recovery Services, Inc.	2. Mailing Address 2940 W. Lincoln Ave Anaheim, CA 92801
Producer Name: JR Olsen Bonds & Insurance Producer No: 55216	3. Policy Period From: 03/20/2006 To: 03/20/2009 (12:01 A.M. Standard Time at your mailing address shown above.) Premium: \$3,259 each year

*** IF THE LIMIT OF INSURANCE COLUMN IS LEFT BLANK THERE IS NO COVERAGE

4. Coverage, Limits of Insurance and Deductible		
Coverage Forms Forming Part of this Policy	Limit of Insurance	Deductible Amount
Form A - Blanket-Employee Dishonesty Coverage	\$ 1,000,000	\$ 5,000
Form B - Forgery or Alteration Coverage	\$ 1,000,000	\$ 5,000
Form C - Theft, Disappearance and Destruction	\$ 1,000,000	\$ 5,000
Form D - Robbery and Safe Burglary	\$ 1,000,000	\$ 5,000
Form F - Computer Fraud/Wire Transfer	\$ 1,000,000	\$ 5,000
Additional Coverage Forms:		
Form Z - Money Orders and Counterfeit Currency	\$ 1,000,000	\$ 5,000
- Credit Card Forgery	\$	\$

5. Endorsements forming part of this policy when issued: 1, 2, 3, 4, CR10270186, CR02491104

6. Cancellation of Prior Insurance: By acceptance of this Policy you give us notice canceling prior policy or bond Nos. NONE the cancellation to be effective at the time this Policy becomes effective.

Countersigned (Date) <i>October 20, 2006</i>	By (Authorized Representative) <i>Tracey Lawrence Mitchell</i> Tracey Lawrence Mitchell
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