



Form A – Insurance Proceeds* Remittance Summary	
Insurance Policy Type (i.e., property, life, employment, other): Note: we can only accept one type per submission	
Name of Insurance Company:	
Insurance Company's Mailing Address:	
Name of Contact Person & Title:	
Telephone Number:	
Email:	
Total number of amounts being remitted:	
Total Dollar Value of all amounts being remitted (i.e., cheque total):	

***See *Unclaimed Property Act's* regulations for full legal description**