

FIRST INSURANCE®  
— OF CANADA — FUNDING  
A WINTRUST COMPANY

# First InSite

Creating a Quote

# Topics Covered in this Manual:

1. Creating a quote | Website
2. Creating a quote | Quick Link



FIRST INSURANCE®  
— OF CANADA — FUNDING  
A WINTRUST COMPANY

# First InSite

Creating a Quote | Website



# Creating a Quote | Website

1. Login by clicking the First InSite button on [firstinsurancefunding.ca](http://firstinsurancefunding.ca) using your User Name and Password
2. Using the tabs at the top, select **New Quote**

The image shows a screenshot of the First InSite website. A yellow circle labeled '1' highlights the 'First InSite' button in the top navigation bar. A second yellow circle labeled '2' highlights the 'New Quote' tab in the top navigation bar. The main content area displays a 'Summary Dashboard' for 'Best Insurance Brokers Inc.' with the following data:

Total Active Accounts:	6
Total Accounts Currently Past Due:	4
Total Accounts Scheduled to Cancel Within the next 3 days:	0
Cancelled Accounts:	2
Reinstatement Requests:	0
Accounts Eligible for Renewal:	35
Quote Request Queue:	1

At the bottom of the page, there is a footer with the text: Home | Terms & Conditions | Contact Us. On the right side of the footer, it says: © 2014 First Insurance Funding of Canada. All rights reserved.

# Creating a Quote | Website

**First InSite** Change Password Help Logout First InSite  
For help call 1-888-232-2238

Account #  Customer Name:  Policy #  Search

[Summary Dashboard](#) [Accounts](#) [New Quote](#) [Quote Requests](#) [Account Submission List](#)

### Manual One Page New Quote

Please select an insured from the drop-down list, or select "New" to add a new insured record.  
Joe's Sports Shop

#### Insured Information

Internal Customer Id:  Note: Enter TBO for customer ID if not yet assigned.  
Customer Name:   
Legal Name:   
Contact First Name:   
Contact Last Name:  Note: Enter brokers name if customer contact name is unknown.  
Industry Classification:   
Email:   
Mailing Address:   
City:   
Province:   
Postal Code:   
Country:   
Language Preference:   
Mobile Phone:   
Work Phone:   
Fax:

#### Physical Address

Same as above:   
Physical Address:   
City:   
Province:   
Postal Code:   
Country:

3. Select an insured from the drop-down list, or select "New" to add a new insured record

4. Review or Enter Insured Information and click **Save Insured Details**

# Creating a Quote | Website

First InSite

Change Password Help Logout

For help call 1-888-232-2238

Account # [ ] Customer Name [ ] Policy # [ ] Search

Summary Dashboard Accounts New Quote Quote Requests Account Submission List

User steps:

1. Enter the required information below.
2. Select "Next" button below.

Detailed Steps

Customer Name: Joe's Sports Shop

Brokerage: Best Insurance Brokers Inc.

Brokerage Contact: Melissa DiNardo

Language Preference: English

Total Premiums: 20000.00

Tax on Premiums: 1600.00

Total Policy Fees: 100.00

Tax on Policy Fees: 8.00

Total Invoice Amount: 21708.00

Effective Date: 11/01/2014

Minimum Earned Premiums: \* 5000

Minimum retained policy or broker fees: \*\* 100.00

Is this Facility coverage?  Yes  No

5. Enter the required policy premium information  
**NOTE:** be sure to put a value in minimum retained field, even if "0"

6. Review the pre-selected list of questions and click **Next**

Minimum earned premiums and fees must be disclosed above. Please review the following questions before proceeding to the next step:

10% or more of the total premium is Directors & Officers coverage:  Yes  No

Policies are cancellable at short rate or pro rata  Yes  No

Policies are fully earned on event  Yes  No

Policies are part of a master policy  Yes  No

Policies are earned at an accelerated rate (ie Motorcycle)  Yes  No

Broker of record is your brokerage:  Yes  No

Insured is in bankruptcy:  Yes  No

Customer is a farm in Alberta:  Yes  No

Customer is a fishery in Prince Edward Island:  Yes  No

Back Next

Home | Terms & Conditions | Contact Us

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# Creating a Quote | Website

**First InSite** Change Password Help Logout [Francois](#)  
For help call 1-888-232-2238

Account # [ ] Customer Name [ ] Policy # [ ] Search

Summary Dashboard Accounts **New Quote** Quote Requests Account Submission List

**User steps:**  
1. Enter the required information below.  
2. Select "Create one page" button below to generate pay plan for your customer.  
3. Include the Invoice Payment Options Form with customer invoice.

**Customer Name:** Joe's Sports Shop  
**Brokerage:** Best Insurance Brokers Inc.

Total Premiums:	\$20,000.00
Tax on Premiums:	\$1,600.00
Total Policy Fees:	\$100.00
Tax on Policy Fees:	\$8.00
<b>Total Invoice Amount:</b>	<b>\$21,708.00</b>
Effective Date:	01-Nov-2014
Minimum Earned Premium: *	\$5,000.00

\*Enter the total amount that would be retained by the carrier(s) in the event the policy was canceled by the Minimum retained policy or broker fee: \*\* \$100.00  
\*\*Enter the total amount that would be retained by the brokerage in the event the policy was canceled by the Facility coverage: No

**7** Select Portfolio: **FIRST Insurance Funding of Canada**

Select Pricing Program: **17 & 10** 12 Equal 20 & 9

Coverage: **Commercial** Personal Lines

Customer Monthly Withdrawal Date: 1

Date of First Monthly Withdrawal: 1-Dec-2014

**8** Rate Calculate or Increase Down Payment

**9** Coverage Information (Optional for quote preparation)

Send Contract document to Brokerage Contact: melissa.dnardo@bestinsurance.ca

Send To: xyz@abc.com

**11** Create Payment Options Form Close

\* Acceptance of the contract maybe declined if one or more of the above restrictions are not met

7. Select Pricing Program and coverage details
8. Optional Click **Rate Calculate or Increase Down Payment** for rate calculator
9. Optional **Coverage Information** fields  
*Note: optional during quoting stage. Can complete upon submitting*
10. Indicate whether you would like to send Payment Options Form via email
11. Click on **Create Payment Options Form** - PDF or email



# Creating a Quote | Website

12. The Invoice Payment Options form is generated and will either appear on your screen, or in your inbox, depending on your selection in Step #11.

Invoice Payment Options				
<b>Insured:</b> Joe's Sports Shop 10069 Third Ave Ottawa, ON, K6H 3B7 Tel: (613) 555-1212		<b>Policy Payments ID</b>	140000939	
		<b>Account No.</b>	JOESS-1	
		<b>Invoice Date</b>	September 18, 2014	
		<b>Balance Due</b>	\$21,708.00	
		<b>Currency</b>	CDN	
<b>Please return payment or signed form so as not to affect your coverage. Please mail to:</b> Best Insurance Brokers Inc. 4490 Second Street Ottawa, ON, K6H 3B7 Tel: (613) 555-1212				
<b>A. Payment in Full</b>				
Send cheque or money order for \$21,708.00. Make all cheques payable to Best Insurance Brokers Inc.. Payment is due the effective date of the insurance coverage.				
<b>B. Credit Card</b>				
To complete your payment by credit card go to <a href="http://69.172.64.219/PolicyPayments/Best">http://69.172.64.219/PolicyPayments/Best</a> and enter ID: 140000939 and follow directions on screen. An administration fee may apply.				
<b>C. Monthly Instalments – PLEASE READ THE ATTACHED AGREEMENT AND SIGN WHERE INDICATED</b>				
<b>TOTAL PREMIUMS INCL.TAX</b>	<b>DOWN PAYMENT</b>	<b>10 MONTHLY INSTALLMENTS OF</b>	<b>FINANCE CHARGE</b>	<b>FLAT RATE</b>
\$21,708.00	\$5,100.00	\$1,725.92	\$651.24	3.00%



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# First InSite

Creating a Quote | Quick Link

# Creating a Quote | Quick Link

- › Our Quick Link gives you personalized access to an **expedited process**. This is also a **mobile-friendly** version of First InSite.

Welcome Melissa DiNardo

Brokerage: Best Insurance Brokers Inc.

Your brokerage has activated you as a FIRST Canada user, which gives you access to the following payment plans:

- FIRST Insurance Funding of Canada

FIRST Canada makes creating a contract ready for your clients signature simple.

To access FIRST Canada, please visit us at [www.FIRSTInSite.ca](http://www.FIRSTInSite.ca)

Your User Name: melissa

Your Temporary Password: 02587

Your personalized Quote Request Form is available by selecting this link:

[www.PolicyBill.com/BrokerQuote/?196252ec](http://www.PolicyBill.com/BrokerQuote/?196252ec)

Save this email or book mark the link for future quoting.

You will be required to change your password when you first sign on. Please note passwords are case sensitive.

With your user access, you will be able to manage your clients monthly pay plan more efficiently.

FIRSTInSite.ca gives you access to on-line endorsement processing, account payment histories and access to all notices sent to your client.

Feel free to contact us at 1 888 232 2238 or by email to [clientservices@firstinsurancefunding.ca](mailto:clientservices@firstinsurancefunding.ca) should you have any questions regarding your access.

Thanks & enjoy the rest of your day!

FIRST Insurance Funding of Canada

TF: 1 888 232 2238

E: [clientservices@firstinsurancefunding.ca](mailto:clientservices@firstinsurancefunding.ca)

Tip:  
bookmark  
or drag  
and drop  
this email  
to your  
desktop so  
this link is  
always  
handy

# Creating a Quote | Quick Link

1. Click on the Quick Link in your welcome email to access the expedited quoting process; no login required
2. Enter Insured Information and click **Continue**

**Insured Information**

Brokerage: Best Insurance Brokers Inc.

Broker Name: Melissa DiNardo

Brokerage Customer Id:

Customer FullName:

Customer Email:

Customer Street:

Customer City:

Customer Province:

Customer Postal Code:

Broker Email:  @bestinsurance.cc

**2**

# Creating a Quote | Quick Link

3. The screen below will appear if the system has found a matching record. Click **New Client** if it is a new client, or **Select** if you want to proceed with the existing client profile.

3

[New Client](#)

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Brokerage	Internal Customer ID	CustomerName	City	Province	PostalCode	HomePhone	
	JOESS-1	Joe's Sports Shop	Ottawa	ON	K6H 3B7	416-555-1234	<a href="#">Select</a>



# Creating a Quote | Quick Link

4

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**User steps:**

1. Enter the required information below.
2. Select "Next" button below.

**Detailed Steps**

---

**Customer Name:** Joe's Sports Shop  
**Brokerage:** Best Insurance Brokers Inc.  
**Brokerage Contact:**   
**Language Preference:**

**Total Premiums:**   
**Tax on Premiums:**   
**Total Policy Fees:**   
**Tax on Policy Fees:**

**Total Invoice Amount:**

**Effective Date:**  (mm/dd/yyyy)  
**Minimum Earned Premium: \***

\*Enter the total amount that would be retained by the carrier(s) in the event the policy was canceled by the finance company.

**Minimum retained policy or broker fee: \*\***

\*\*Enter the total amount that would be retained by the brokerage in the event the policy was canceled by the finance company.

**Is this Facility coverage?**  Yes  No

---

**Minimum earned premiums and fees must be disclosed above. Please review the following questions before proceeding to the next step:**

10% or more of the total premium is Directors & Officers coverage:  Yes  No

Policies are cancellable at short rate or pro rata:  Yes  No

Policies are fully earned on event:  Yes  No

Policies are part of a master policy:  Yes  No

Policies are earned at an accelerated rate (ie Motorcycle):  Yes  No

Broker of record is your brokerage:  Yes  No

Insured is in bankruptcy:  Yes  No

Customer is a farm in Alberta:  Yes  No

Customer is a fishery in Prince Edward Island:  Yes  No

**Next**

4. Complete premium information

5. Review the pre-selected list of questions and click **Next**

5

# Creating a Quote | Quick Link

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**User steps:**

1. Enter the required information below.
2. Select "Create one pager" button below to generate pay plan for your customer.
3. Include the Invoice Payment Options Form with customer invoice.

---

<b>Customer Name:</b>	Joe's Sports Shop
<b>Brokerage:</b>	Best Insurance Brokers Inc.
<b>Total Premiums:</b>	\$20,000.00
<b>Tax on Premiums:</b>	\$1,600.00
<b>Total Policy Fees:</b>	\$100.00
<b>Tax on Policy Fees:</b>	\$8.00
<b>Total Invoice Amount:</b>	\$21,708.00
<b>Effective Date:</b>	01-Nov-2014
<b>Minimum Earned Premium:*</b>	\$5,000.00

\*Enter the total amount that would be retained by the carrier(s) in the event the policy was canceled by the finance company.

**Minimum retained policy or broker fee:\*\* \$100.00**

\*\*Enter the total amount that would be retained by the brokerage in the event the policy was canceled by the finance company.

**Facility coverage:** No

---

**Select Portfolio:** FIRST Insurance Funding of Canada ▾

**Select Pricing Program:**  17 & 10  12 Equal  20 & 9

**Coverage:**  Commercial  Personal Lines

**Customer Monthly Withdrawal Date:** 1 ▾

**Date of First Monthly Withdrawal:** 1-Dec-2014

---

**Coverage Information** (Optional for quote preparation)

---

Send Contract document to Brokerage Contact : melissa.dinardo@bestinsurance.cc

Send To xyz@abc.com

**9**

\* Acceptance of the contract maybe declined if one or more of the above restrictions are not met.

6. Select **Pricing Program**

7. Optional **Coverage Information** fields  
*Note: optional during quoting stage. Can complete upon submission*

8. Enter the email address where you would like Payment Options Form emailed

9. Click on **Create Payment Options Form**

# Creating a Quote | Quick Link

10. The Invoice Payment Options form is generated and will be sent to you via email.

Invoice Payment Options				
<b>Insured:</b> Joe's Sports Shop 10069 Third Ave Ottawa, ON, K6H 3B7 Tel: (613) 555-1212		<b>Policy Payments ID</b>	140000939	
		<b>Account No.</b>	JOESS-1	
		<b>Invoice Date</b>	September 18, 2014	
		<b>Balance Due</b>	\$21,708.00	
		<b>Currency</b>	CDN	
<b>Please return payment or signed form so as not to affect your coverage. Please mail to:</b> Best Insurance Brokers Inc. 4490 Second Street Ottawa, ON, K6H 3B7 Tel: (613) 555-1212				
<b>A. Payment in Full</b>				
Send cheque or money order for \$21,708.00. Make all cheques payable to Best Insurance Brokers Inc.. Payment is due the effective date of the insurance coverage.				
<b>B. Credit Card</b>				
To complete your payment by credit card go to <a href="http://69.172.64.219/PolicyPayments/Best">http://69.172.64.219/PolicyPayments/Best</a> and enter ID: 140000939 and follow directions on screen. An administration fee may apply.				
<b>C. Monthly Instalments – PLEASE READ THE ATTACHED AGREEMENT AND SIGN WHERE INDICATED</b>				
<b>TOTAL PREMIUMS INCL.TAX</b>	<b>DOWN PAYMENT</b>	<b>10 MONTHLY INSTALLMENTS OF</b>	<b>FINANCE CHARGE</b>	<b>FLAT RATE</b>
\$21,708.00	\$5,100.00	\$1,725.92	\$651.24	3.00%

# Contact Us

Contact a member of your dedicated service and support team with any questions or you can reach us at:

[clientservices@firstinsurancefunding.ca](mailto:clientservices@firstinsurancefunding.ca)

1 888 232 2238