FIRST INSURANCE[®] of canada — FUNDING[®] a Wintrust Company

FirstInSite Enhanced[™]

Quotes

Topics covered in this guide:

- 1. Creating a Quote
- 2. Quote Adding Policy Details
- 3. eSignature with DocuSign
- 4. Editing a Quote
- 5. Tips

Agenda

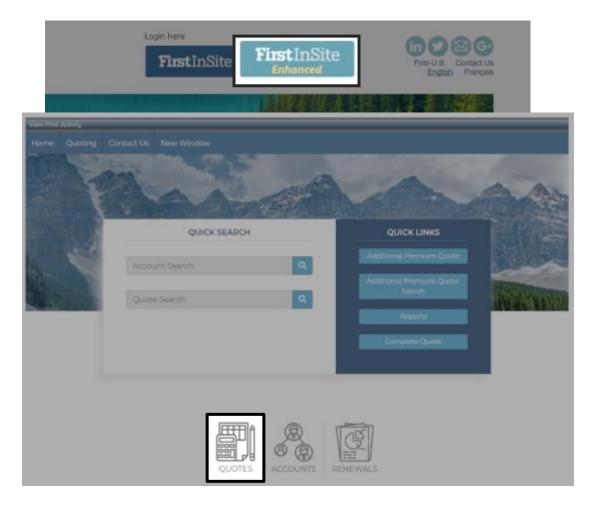
Login

Click on the First InSite Enhanced[™] login button

firstinsurancefunding.ca

 Login with your user name (email address) and temporary password

> Select Quotes



Creating a Quote

- Select Pricing Program
- Enter effective date and coverage type
- Enter premium information and click Calculate

TIP: Click the search button to reveal a list of coverage types to choose from

			New Quo	ote - Step 1			
			General Ir	nformation			
Quoting for:	A00034 - Best I	Insurance Brokers In	c Ottawi	a			
Brokerage:	A00034 - Best	Insurance Brokers In	c Ottawa	a			
Pricing Program:	17% Down, 10 In	stallments	٠	Line of Business:	Commerci	al	
Terms:	17/10, 30 Day Fu	Inding		New/Renewal:	New		
Governing Region:	ON - Ontario			Standard / Continuous Pay:	Standard		
			Policy In	formation			
Effective Date:	27/10/2025	Coverage:	S GL	GENERAL L	IABILITY		
Premium:		-20	00.000,00	Policy Term (Month	s):		
Policy Fees:			0.00	Min. Earned Premiu	im:	0.000 %	0
			1,600.00				
Taxes:							

Pick Cove	rage				×
Field:	Code / Name		Find:	G	Search
🕹 Code +	Name	French Name			
BURG	BURGLAR				
CGL	COMPREHENSIV				
GL	GENERAL LIABIL	Responsabilité civile g	énérale		
GLAS	GLASS				
Glass	Glass	Verre			
				12	

Select first payment due date and click Recalculate

- Review financial info and choose:
- a) Payment Options

to create a quick quote, (A Payment Options Form you can send to your client)

OR

b) Full Quote to complete policy information

	New Qu	ote - Step 2	
	Quote	Variables	
First Payment Due Date	27/11/2025	Non-Refundable Broker Fee:	
Billing Cycle:	Monthly	Financed Broker Fee.	
Billing Method:	Pre-authorized	Down Payment:	17.000 % 3,672.00
Disbursement Delay:	30 Days	No. of Installments:	1
Rate Chart:	Best Insurance Rate	APR	4.341
Broker Premium Fin. Referral Fee Plan:	ON	Broker Premium Fin. Referral Fee:	
		Application Fee:	
			to Defaults
Coneral		Reset	to Defaults Recalculate
Ceneral First Payment Due Date:	27/11/2025	Reset	
General First Payment Due Date: Billing Cycle:	27/11/2025 Monthly	Reset Financials Broker Premium Fin. Referral Fee:	0.00
First Payment Due Date:		Reset Financials Broker Premium Fin. Referral Fee: APR:	0.00
First Payment Due Date: Billing Cycle:	Monthly	Reset Financials Broker Premium Fin. Referral Fee: APR: Flat Rate:	0.00 4.341 9 1.660 9
First Payment Due Date: Billing Cycle: Disbursement Delay: Rate Chart: Broker Premium Fin. Referral	Monthly 30 Days Best Insurance Rate Plan	Reset Financials Broker Premium Fin. Referral Fee: APR: Flat Rate: Total Premium: Down Payment	0.00 4.341 % 1.660 % 21,600.00
First Payment Due Date: Billing Cycle: Disbursement Delay: Rate Chart:	Monthly 30 Days	Reset Financials Broker Premium Fin. Referral Fee: APR: Flat Rate: Total Premium: Down Payment	0.00 4.341 9 1.660 9 21,600.00 17.000 % <u>3,672.00</u>
First Payment Due Date: Billing Cycle: Disbursement Delay: Rate Chart: Broker Premium Fin. Referral	Monthly 30 Days Best Insurance Rate Plan	Reset Financials Broker Premium Fin. Referral Fee: APR: Flat Rate: Total Premium: Down Payment: Amount Financed:	0.00 4.341 % 1.660 % 21,600.00
First Payment Due Date: Billing Cycle: Disbursement Delay: Rate Chart: Broker Premium Fin. Referral Fee Plan:	Monthly 30 Days Best Insurance Rate Plan ON	Reset Financials Broker Premium Fin. Referral Fee: APR: Flat Rate: Total Premium: Down Payment: Amount Financed: Finance Charge:	0.00 4.341 % 1.660 % 21,600.00 17,000 % <u>3,672.00</u> 17,928.00
First Payment Due Date: Billing Cycle: Disbursement Delay: Rate Chart: Broker Premium Fin. Referral Fee Plan: Equal Pay Quote:	Monthly 30 Days Best Insurance Rate Plan ON No	Reset Financials Broker Premium Fin. Referral Fee: APR: Flat Rate: Total Premium: Down Payment: Amount Financed: Finance Charge: Total of Payments:	0.00 4.341 % 1.660 % 21,600.00 17,000 % 3,672.00 17,928.00 358.60
First Payment Due Date: Billing Cycle: Disbursement Delay: Rate Chart: Broker Premium Fin. Referral Fee Plan: Equal Pay Quote: Earned Broker Fee:	Monthly 30 Days Best Insurance Rate Plan ON No 0.00	Reset Financials Broker Premium Fin. Referral Fee: APR: Flat Rate: Total Premium: Down Payment: Amount Financed: Finance Charge: Total of Payments:	0 434 1660 21,600 17,000 % <u>3,672</u> 17,928 358

Quote Workflow – Payment Options

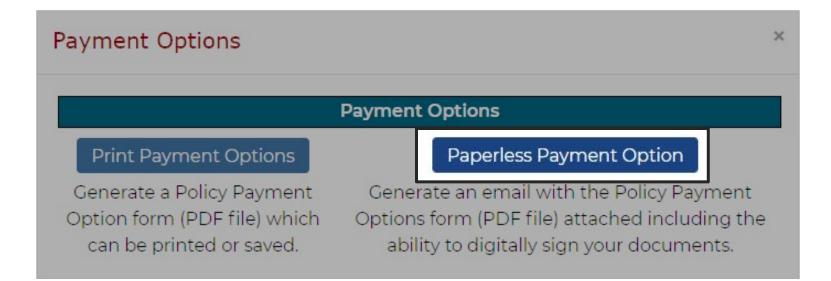
- Enter insured name and address
- Choose the language for the client's documents
- Enter the client's email address

	Custome	er Information			
inter the insured nan	ne and address information or search for	an existing customer account			
Existing Customer:					
	Name	& Address			
Name:	ABC Company				
Address:	123 Main Street				
City:	Ottawa				
Country:	Canada				
Province / Postal:	ON - Ontario		۲	AIA 1AI	
ustomer ID:					
Preferred Language:	English				
Customer Email					
Address:					_
					Subm

> Click Submit

Paperless Payment Option

Select Paperless Payment Option (eSignature)



Paperless Payment Option

 Indicate email notification preference and type in customer email address. Click **OK** to proceed

Payment Option	าร			×
	Paperless Payme	nt Options		
Customer Email Address:	client@abc.ca			
Send to your clier	nt and yourself			
Send to your clier	nt			
Send to yourself				
			Ok Cance	

- > You will be return to the Terms scre
- > An email with a lin to view the payme options online wit the PFA attached be sent to the email(s) you seled

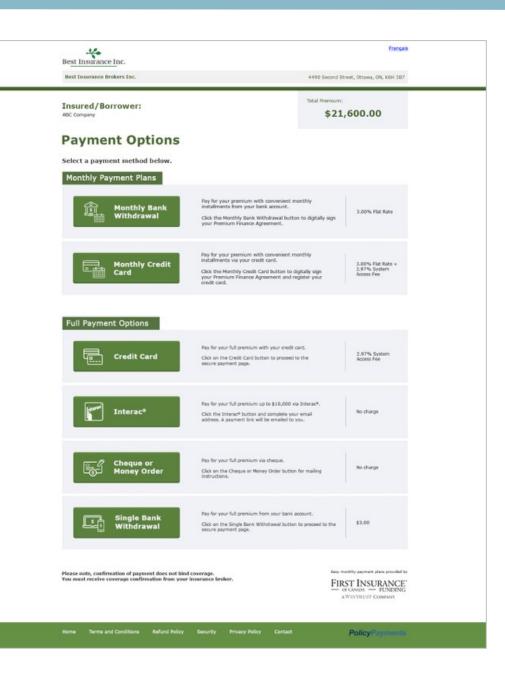
To Cumming, Sarah

ou will be returned	Quote - 151654 - ABC Company				
o the Terms screen	Customer Information Policies Ter	ms <u>S</u> ummary <u>D</u> ocu	ments		
o the renns screen	Quote Variables				
	Governing Province	Ontario	Non-Refundable Broker Fee:		0.00
	First Payment Due Date:	27/11/2025	Financed Broker Fee:		0.00
	Billing Cycle:	Monthly	Down Payment:	17.000 %	3,672.00
An email with a link	Billing Method:	Pre-authorized	No. of Installments:		10
o view the payment	Disbursement Delay:	30 Days	APR:		4.341 %
ptions online with	Rate Chart:	Best Insurance Rate	Broker Premium Fin. Referral Fee:		0.00
he PFA attached will	Broker Premium Fin. Referral Fee Plan:	ON	Application Fee:		
be sent to the			Reset to E	Defaults R	Recalculate
	General		Financials		
email(s) you selected	Governing Province	Ontario	Broker Premium Fin. Referral Fee:		0.00
	First Payment Due Date:	27/11/2025	APR:		4.341 %
Thu 16-Jan-20 11:23 AM Uat@firstinsurancefunding.ca Your Insurance Payment Options from Best Insurance Cumming, Sarah Retention Policy Wintrust Default Retention Policy (7 years)		Expires 14-Jan-27		7.000 %	1.660 % 21,600.00 <u>3,672.00</u> 17,928.00
PremiumFinanceAgreement.pdf _ 78 KB					358.60
Please find attached copy of your Policy Payment Options form. Pl Gianpiero.Cancelliere@firstinsurancefunding.ca, from Best Insurar			ase contact your broker, Gianpiero Cancelliere, at		18,286.60 10 1,828.66
Policy Payments ID: 4762 Effective Date: 21/09/2016 Total Premium: \$ 5,000.00 Down Payment: \$ 850.00 is due within 48 hours of contract accept. Payments: 10 of \$ 451.97	ance.			Paymer	nt Options
Thank you, FIRST Insurance Funding of Canada					
20 Toronto Street, Suite 700 Toronto, ON M5C 2B8 TF: 1888 232 2238					

Toronto, ON M5C 2B8 TF: 1 888 232 2238 E: clientservices@firstinsurancefunding.ca www.firstinsurancefunding.ca

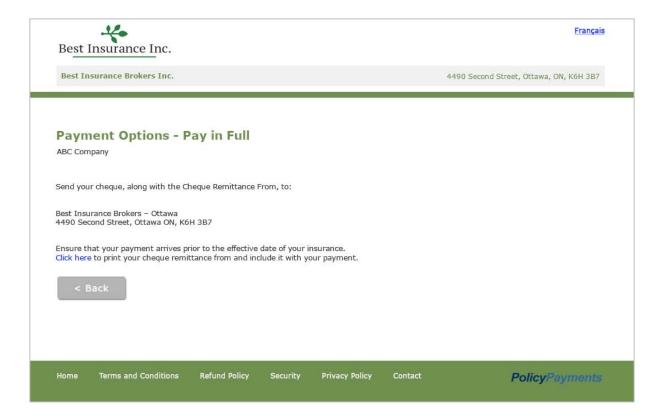
Paperless Payment Options

 Insured begins process by clicking on link in email and reviewing the Payment Options offered by your brokerage



Pay in Full - Cheque

 > Upon selecting Cheque, directions will appear for insured to send payment to broker



Pay in Full - Credit Card

> Upon selecting
 Credit Card,
 insured will be
 directed to an
 encrypted and
 secure self-serve
 credit card page to
 complete their
 payment

Customer Deta Fill all the required field	ills ds to process the transacti	ion				Language English v
Invoice Number	Customer Id	First Name			Last Name	
152207		Sarah			Smith	
Insured Name	Mailing Ad	ddress			Email Address	
ABC Company	123 Mai	n Street			marketing@firstins	urancefunding.ca
City		Province			Postal Code	
Ottawa		ON			A1A 1A1	
Payment Detai Invoice Amount @ 21600 System access fee @ 648	ls	Credit Card De Please complete the for spaces or hyphens in t Billing Information Credit Card number	ollowing the credit	card number.		credit card. Do not put
Total 😧		0000 1111 2222 333	3	123	VISA Mastercard	
22248		Expiration Month 01	Year 01		This Section should	not be required.
		appear on stateme appear on stateme appear on stateme the amount will si agree to the refun Please note that Syst for the use of its soft	ent as Kix stem Acco how on n d policy tem Acce ware, sel	pay Inc ess Fee amoun ny statement a and terms of s ss Fee Service rvice and the s	t to be charged to the is Insurance Payment S ervice. http://www.syst	ystem Access Fee. I temaccessfee.com ly by System Access Fee o make this payment to

Monthly Payments

> Upon selecting Monthly Payments, insured will be directed to DocuSign to initiate eSignature

	ance Funding of Canada ing FIRST Insurance Funding of Canada.			Powered by DocuSign
/lew More	Reaction Planets Associately and taken for standard 100 second late			
Please read	the <u>Electronic Record and Signature Disclosure</u> . to use electronic records and signatures.		CONTINUE	OTHER ACTIONS +
	4490 Second Street Ottawa, ON K6H 3B7	Flat Rate	4.34%	
		Number of Installments	10	
	Please complete the form below and return to you broker.	First Payment Due Date	27-Nov-2025	
	Transactions related to this payment plan will appear on	Currency	CDN	
	your bank statement as FIRST Ins. Fund. Please be	Line of Business	Commercial	
	advised that any outstanding down payment, application fee, and/or past due installments at the time of contract acceptance will be debited within 2 business days. Please provide your email and cell phone number. This information is only used to communicate with you	Installment A \$1,828		
	Insured Email: marketing@firstinsurancefunding.ca			
	Insured Phone Number:			

eSignature | Client Process

Conveniently Sign Agreements Anywhe Anytime

eSignature

Broker Signature

- Once insured signs the Premium Finance Agreement, you will receive an email to access the document and complete the process
- FIRST Canada

 REVIEW DOCUMENT

Click Review
 Document to
 proceed

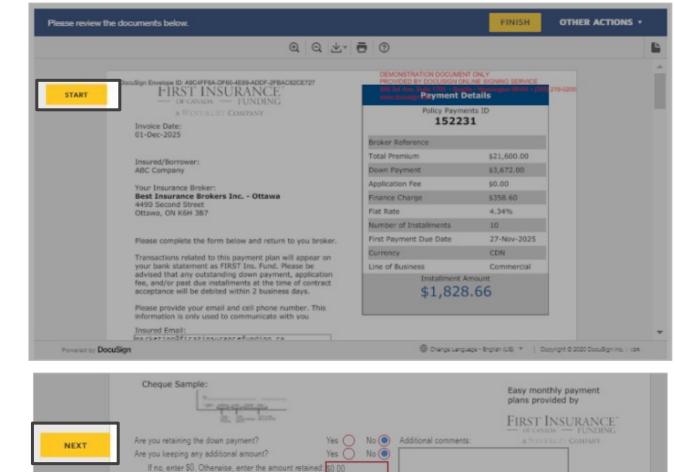
Broker Signature

> Click **Continue**

Please Review & Act on The FIRST Canada FIRST Insurance Funding of Canada	se Documents			FIRST INSURANCE of CANADA — FUNDING a WINTRUST COMPANY Powered by DocuSign
Thank your for choosing FIRST Insurance Funding	of Canada. It is supliable for elementum We appreciate the opportunity to some your			
Please review the documents below.			CONTINUE	OTHER ACTIONS •
	4490 Second Street Suite 100 Ottawa, ON K6H 387 Please complete the form below and return to your broker. Transactions related to this payment plan will appear on your bank statement as Best Insurance. Please be advised that any outstanding down payment, application fee, and/or past due installiments at the time of contract acceptance will be debited within 2 business days. Please provide your email and cell phone number. This information is only used to communicate with you regarding this payment plan. Insured Email: marketing@firstinsurancefunding.ca	Flat Rate 1.66% Number of Instaliments 10 First Payment Due Date 27-Nov-2 Currency CAN Line of Business Commerc Instaliment Amount \$1,828.66		
	Attach a VOID cheque or complete the banking information be Account Holder Name: ABC Company Branch Transit Number (5 digits): 11111 Enteque Sample:	Bank Account Number		

A Payment
 Options Form
 will display,
 including the
 information
 entered by
 insured. Click
 Start

 Answer the down payment questions and click Next



	By	(Signature of Broker) sourced acceived a copy of the Agreement is and agrees to all terms and pr	and read it in its entirety. Upor	and Title) execution of this Agree	Cale 1/17/2	fly and severally if more	fhan
	By Caral	an impured is. The insured is not re Smith reading and an of insured)	sured to enter into this financin Sarah Sari th			KENDE	
elect the sign fiel	Ho coate and add	wear ainmati wa			FINIS		CTIONS +
Ad	lopt Your Sign	nature					
	firm your name, initials. quired	, and signature.					
	Name*			Init	iels*		
34	røh Smith			3	a		
		0.4114					
SEL	ECT STYLE DI	RAW					
PRE	VIEW					Change Style	
NEX	Docusioned by: Sarali Smit	the SS					
		I agree that the signature and in ments, including legally binding				purposes when I (or	
ADOP	T AND SIGN	CANCEL					
	And Store			NAL JUST PARTY, GAUNE TO PARTY, P.	seamer warreque w	THE PLANE OF PLANE	
				Change La	iguaga - Brotan (UB) - Y	Copyright D 2025 Dec	uBign Inc. I van
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	ion 152221.pdf					3 of 3	

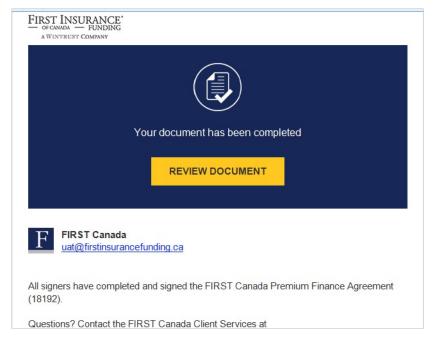
> Click Sign

Review signature. Click Adopt and Sign

 Your signature appears in document. Click
 Finish

Paperless Process Complete

 > Upon completion FIRST Canada will be automatically notified of the completed submission.
 Notice of Acceptance will be sent to Broker and Client once the contract is processed.



No more printing, scanning, or emailing necessary with new paperless workflow

Print Payment Options

> Select Print Payment Options

Payment Options	×
	Payment Options
Print Payment Options	Paperless Payment Option
Generate a Policy Payment Option form (PDF file) which can be printed or saved.	Generate an email with the Policy Payment Options form (PDF file) attached including the ability to digitally sign your documents.

Your Policy Payment
 Options Form is
 created and ready to
 present to your client



onthly Pay	ment Plans		Cost	
	Monthly Bank Withdrawal	Complete the premium finance agreement online by clicking the Pay Now button or complete the attached file and return to us.	3.00% Flat Rate	
	Monthly Credit Card	Pay for your premium with convenient monthly installments via your credit card. Click the Pay Now button or go to www.policypayments.com/Best to digitally sign your Premium Finance Agreement and register your credit card.	3.00% flat rate + 2.97% System Access Fee	
ıll Paymer	nt Options		Cost	
	Credit Card	Pay for your full premium with your credit card. Click the Pay Now button.	2.97% System Access Fee	
Trorac	Interac [®]	Pay for your premium up to \$10,000 via Interac [®] . Click the Interac [®] button and provide your email address. An Interac [®] payment link will be emailed to you.	No charge	
	Cheque or Money Order	Pay for your premium in full by cheque. Make your cheque or money order payable to Best Insurance Inc. and mail your cheque or money order to our address above.	No charge	
\$\$	Single Bank Withdrawal	Pay for your premium in full by direct withdrawal from your bank account. Call us for details.	No charge	

Best Insurance Brokers Inc. - Ottawa 4490 Second Street, Ottawa, ON, K6H 387

www.bestinsurancebrokers.com

To add policy details to your quote choose Full Quote

		te - Step 2	
	Quote \	/ariables	
First Payment Due Date:	27/11/2025	Non-Refundable Broker Fee:	0.0
Billing Cycle:	Monthly	Financed Broker Fee:	0.0
Billing Method:	Pre-authorized	Down Payment:	17.000 % 3,672.00
Disbursement Delay:	30 Days	No. of Installments:	10
Rate Chart:	Best Insurance Rate	APR:	4.341
Broker Premium Fin. Referral Fee Plan:	ON	Broker Premium Fin. Referral Fee:	
		Application Fee:	
		Dec	et to Defaults Recalculate
General		Financia	
First Payment Due Date:	27/11/2025	Broker Premium Fin, Referral Fee:	0.00
Billing Cycle:	Monthly	APR:	4.341 9
Disbursement Delay:	30 Days	Flat Rate:	4.541 /
Rate Chart:	Best Insurance Rate Plan	Total Premium:	21.600.00
Broker Premium Fin. Referral	Dest insurance Rate Plan		
Broker Premium Fin. Referral Fee Plan:	ON	Down Payment:	17.000 % 3,672.00
Equal Pay Quote:	No	Amount Financed:	17,928.00
Farned Broker Fee	0.00	Finance Charge:	358.60
Financed Broker Fee:	0.00	Total of Payments	18,286.60
Financeu Broker Fee.	0.00	No. of Installments:	10
		Installment Amount:	

Quote Workflow – Full Quote

- Enter insured name and address
- Choose the language for the client's documents
- Enter the clients email address
- > Click Submit

	Custome	er Information		
inter the insured nam	e and address information or search fo	r an existing customer account	t.	
Existing Customer:				
	Name	e & Address		_
Name:	ABC Company			
Address:	123 Main Street			
City:	Ottawa			
Country:	Canada			
Province / Postal:	ON - Ontario			
Customer ID:				
Preferred Language:	English			
Customer Email Address:				_
				Subn

- Pop up notifies that fields entered on terms page will be recalculated. Click **Ok**
- Review General Loan
 Information and click
 Next

TIP: You can opt to send notifications to clients by email by clicking the check box and entering an email address

uat.pbs.first-quotes.com says

Please be aware any fields that were entered on the terms page will be recalculated when converting to a full quote.



	tion Policies Terms			
Quoting for:	A00034 - Best Insurance Brokers Inc Ott	awa Ottawa, Ontario		
	Name & Address		Contact	
Name:	ABC Company	Main Phone:		
		Contact:		
		E-Mail:	client@abc.ca	
Address:	123 Main Street	Main Fax:		
		Create:	[New Contact Info]	
			(free condict mo)	
City:	Ottawa			
Country:				
Province / Postal:	Canada ON - Ontario	•		
	Additional Addresses			
Email Notices to	-			
	4			
	Ceneral	Loan Information		
Customer ID:	Ceneral A00034 - Best Insurance Brokers Inc	.oen Information Alt Account #:		
Customer ID: Brokerage:			Commercial	
Customer ID: Brokerage: Pricing Program:	A00034 - Best Insurance Brokers Inc	Alt Account #:		•
Customers: Customer ID: Brokerage: Pricing Program: Terms Standard/	A00034 - Best Insurance Brokers Inc 17% Down, 10 Installments 17/10, 30 Day Funding	Alt Account #: Line of Business: Preferred Language: New/Renewal:		
Customer ID: Brokerage: Pricing Program: Terms Standard/	A00034 - Best insurance Brokers Inc 17% Down, 10 Installments	Alt Account #: Line of Business: Preferred Language:	English	
Customer ID: Brokerage: Pricing Program: Terms Standard/ Continuous Pay:	A00034 - Best Insurance Brokers Inc 17% Down, 10 Installments 17/10, 30 Day Funding	Alt Account #: Line of Business: Preferred Language: New/Renewal:	English	
Customer ID: Brokerage: Pricing Program: Terms Standard/ Continuous Pay: Origination Code:	A00034 - Best insurance Brokers Inc 17% Down, 10 Installments 17/10, 30 Day Funding Standard	Alt Account #: Line of Business: Preferred Language: New/Renewal:	English	
Customer ID: Brokerage: Pricing Program: Terms	A00034 - Best Insurance Brokers Inc 17% Down, 10 Installments 17/10, 30 Day Funding Standard Entity	Alt Account #: Line of Business: Preferred Language: New/Renewal:	English	

- Enter policy number, coverage type and effective date
- > Enter carrier info

 Review premium amount, fees and taxes and click
 Save

	tion Policies					
Policy #	Eff Date 27/10/2025	Carrier Cov	erage Premium 20.000.00	Policy Fees	Taxes	Total 21,600.00 ×
New Policy						21,600.0
		Polic	y Details			
Policy Number:	AV2341		Coverage:	GL	GENERAL LIAB	ILITY
Effective Date:	27/10/2025	I	Policy Term (Months): 12		
Carrier:	C00002	Aviva Canada				1
MGA	۹ [
Premium:	1	20,000.00	Return Method:	Short-R	ate	
Policy Fees		0.00	Min. Earned Premiu	m: 0.00	0 %	0.00
Taxes		1,600.00				
laxes.			0			

> Click **Next** to continue

Quote Entry -							
Customer Informat	ion Policies	Terms					
Policy #	Eff Date	Carrier	Coverage	Premium	Policy Fees	Taxes	Total
1 AV2341	27/10/2025	Aviva Canada	GL	20,000.00	0.00	1,600.00	21,600.00 ×
New Policy							21,600.00
			Policy Details				
Policy Number:			Covera	age:			
Effective Date:			Policy	Term (Months):			
Carrier:	4						
MGA	4						
Premium:			Return	n Method:			
Policy Fees			Min. E	arned Premium	:		
Taxes							
Total Amount:							
View Authorities							Cancel Save
< Back						C	ance Next >

TIP: You can add multiple policies to one contract

> Review financial info and click **Save**

Quote Entry -				
Customer Information Policies	ms			
	Quote V	/ariables		
Governing Province	Ontario	Non-Refundable Broker Fee:		0.00
First Payment Due Date:	27/11/2025	Financed Broker Fee:		0.00
Billing Cycle:	Monthly	Down Payment:	17.000 %	3,672.00
Billing Method:	Pre-authorized	No. of installments:		10
Disbursement Delay:	30 Days	APD:		4.341 %
Rate Chart:	Best Insurance Rate			
Broker Premium Fin. Referral Fee Plan:	ON	Broker Premium Fin. Referral Fee: Application Fee:		
		and the second	to Defaults	ecalculate
General		Financials		
Governing Province	Ontario	Broker Premium Fin. Referral Fee:		0.00
First Payment Due Date:	27/11/2025	APR:		4.341 %
Billing Cycle:	Monthly	Flat Rate:		1.660 %
Disbursement Delay:	30 Days	Total Premium:		21,600.00
Rate Chart:	Best Insurance Rate	Down Payment:	17.000 %	3,672.00
Note Grant.	Plan	Amount Financed:		17,928.00
Broker Premium Fin. Referral Fee Plan:	ON	Finance Charge:		358.60
Equal Pay Quote:	No	Total of Payments:		18.286.60
	0.00			
Earned Broker Fee:	0.00	No of Installments:		10
Earned Broker Fee: Financed Broker Fee:	0.00	No. of Installments: Installment Amount:		1,828.66

Review info and click Payment Options

TIP: Customer details and banking info are required prior to submission

Customer Information Policies Ter	ms Summary Doc	uments		
	Quote	Variables		
Governing Province	Ontario	Non-Refundable Broker Fee		0.00
First Payment Due Date:	27/11/2025	Financed Broker Fee:		0.00
Billing Cycle:	Monthly	Down Payment:	17.000 %	3,672.00
Billing Method:	Pre-authorized	No. of Installments:		10
Disbursement Delay:	30 Days	APR		4341%
Rate Chart:	Best Insurance Rate	Broker Premium Fin. Referral Fee:		0.00
Broker Premium Fin. Referral Fee Plan:	ON	Application Fee:		

Inset to Defaults. Ruca

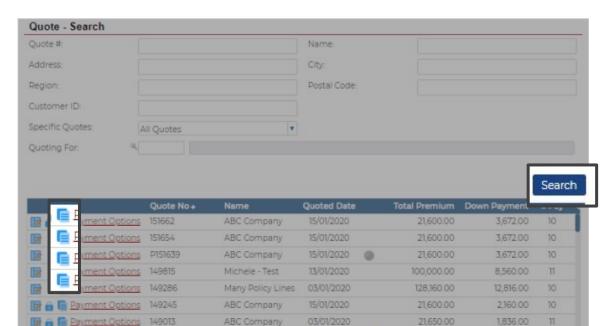
General		Financials		
Governing Province	Ontario	Broker Premium Fin. Referral Fee:		0.00
First Payment Due Date:	27/11/2025	APR:		4.341%
Billing Cycle:	Monthly	Flat Rate:		1.660 %
Disbursement Delay:	30 Days	Total Premium:		21,600.00
Rate Chart	Best Insurance Rate	Down Payment:	17.000 %	3,672.00
Rate Chart	Plan	Amount Financed:		17,928.00
Broker Premium Fin. Referral Fee Plan:	ON	Finance Charge:		358.60
Equal Pay Quote:	No	Total of Payments:		18,286,60
Earned Broker Fee:	0.00			
Financed Broker Feet	0.00	No. of installments:		10
		Installment Amount:		1,828.66

Editing a Quote

You must duplicate a quote in order to create a version that can be edited

Select Quote Search from the main screen

- Enter quote number or name and click Search
- Click on the double paper icon (copy quote)



12/12/2019

z1/10/2010

428.00

365 76

3100.00

BMS Renewal Te.

264 Items (3 Pages)

Select a guote to view or edit. Click New to create a new guote

Duplicate a Quote

 > Upon clicking copy, a pop up notification appears. Click OK

 Edit information as necessary and follow previous steps to complete the quote

C	Dellalas Tarras		
Customer Informa	tion Policies Terms		
Quoting for:	A00034 - Best Insurance Brokers Inc Ottaw	a Ottawa, Ontario	•
	Name & Address		Contact
Name:	ABC Company	Main Phone:	
		Contact:	
		E-Mail:	sarah.cumming@firstinsurancefunding.ca
Address:	123 Main Street	Main Fax:	
		Create:	[New Contact Info]
City:	Ottawa		
Country:	Canada		
Province / Postal:	ON - Ontario 🔹 AIA 1A1		
	Additional Addresses		
Email Notices to Sustomers:			
Curtomer ID:			

Cancel

OK

uat.pbs.first-quotes.com says

Are you sure you want to copy this quote?

Tips

- 1. Your login is always your email address
- 2. Login credentials and a temporary password will be emailed to you within 5 business days from training
- 3. After initial login you will be required to create a password. This password must be 8 characters and include numbers, special characters, lower and upper case letters
- Training guides, videos, and FAQs available on our website Visit First InSite Enhanced[™] tab

Contact us

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

clientservices@firstinsurancefunding.ca

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