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

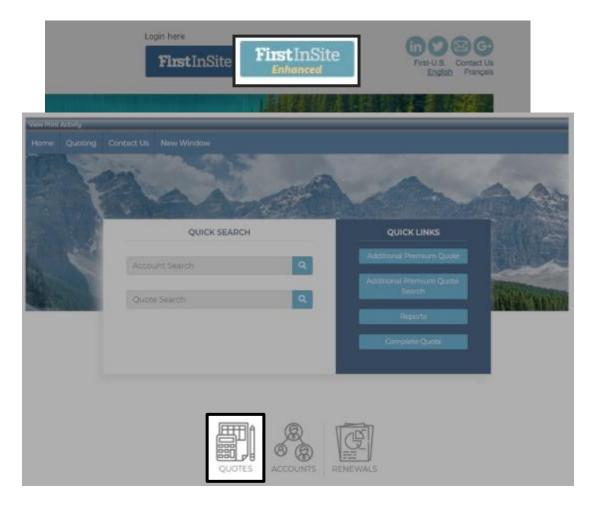
Login

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

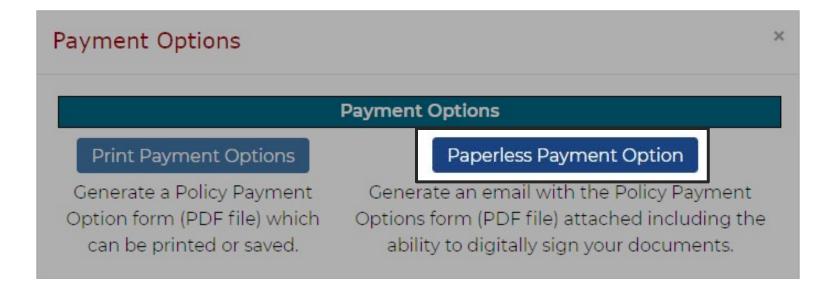
- Enter insured name and address
- Choose the language for the client's documents
- Enter the client's email address

| | 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

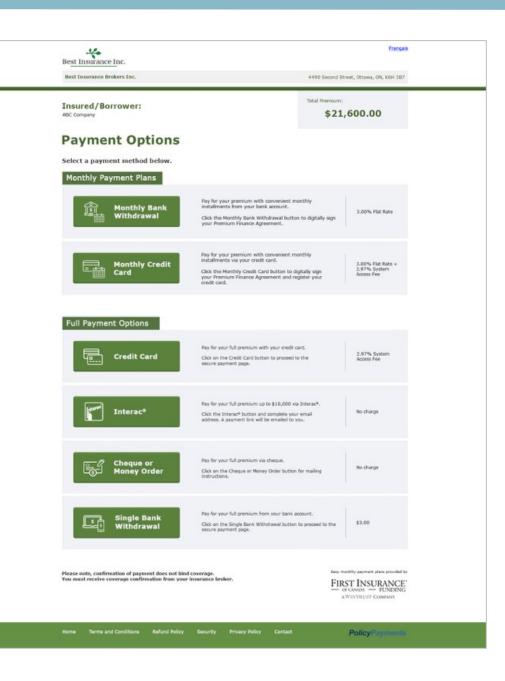
To Cumming, Sarah

| 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

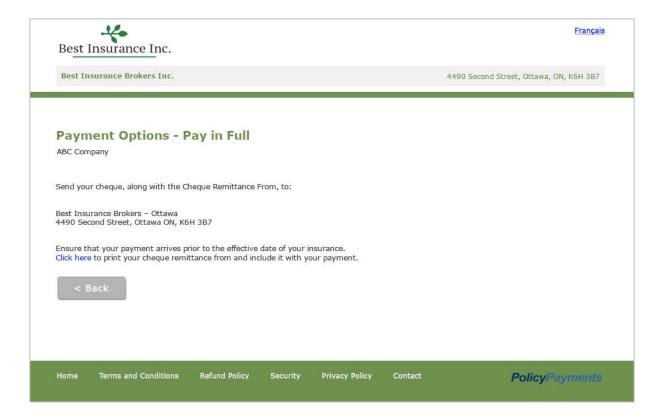
Paperless Payment Options

 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

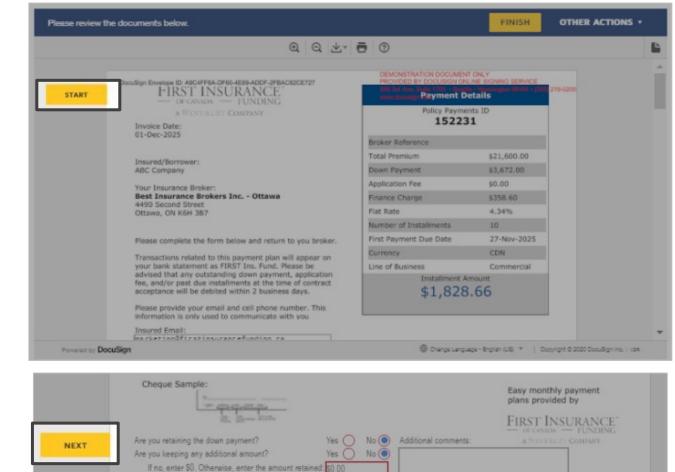
Broker Signature

> 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 |
| Powerso og DocuS | gn | | | | | | |
| | ign | | | | | | |
| | ion 152221.pdf | | | | | 3 of 3 | |

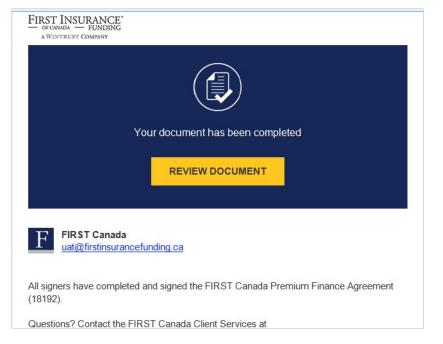
> Click Sign

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

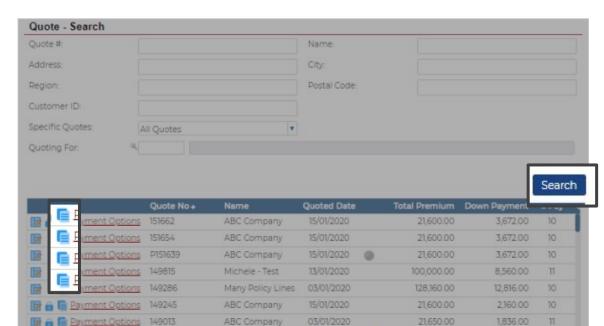
| General | | Financials | | |
|--|---------------------|-----------------------------------|----------|-----------|
| Governing Province | Ontario | Broker Premium Fin. Referral Fee: | | 0.00 |
| First Payment Due Date: | 27/11/2025 | APR: | | 4.341% |
| Billing Cycle: | Monthly | Flat Rate: | | 1.660 % |
| 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

1 888 232 2238