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IIC Principles and Practice of Insurance Sample Questions (Q49-Q54):

NEW QUESTION # 49

Which is a pre-loss objective of risk management for an organization?

- **A. Operational continuity**
- B. Sustained growth
- C. Business development
- D. External obligations

Answer: A

Explanation:

Pre-loss objectives in risk management are goals an organization aims to achieve before any loss occurs. These objectives focus on minimizing the frequency and severity of losses, ensuring preparedness, and maintaining organizational functionality.

Operational continuity is a key pre-loss objective because it emphasizes having systems, controls, and procedures in place to ensure that operations run smoothly—even when risk exposures are present. This includes safety programs, maintenance schedules, compliance measures, and contingency planning.

Operational continuity ensures the business can withstand or avoid disruptions.

Option A (external obligations) is vague and not formally defined as a risk management objective.

Option B (sustained growth) and D (business development) are business goals, not pre-loss risk management objectives.

Thus, the correct answer is C: Operational continuity.

NEW QUESTION # 50

What are the four requirements of a binding contract under the Civil Code of Quebec?

- A. Acceptance, agreement, capacity, and offer
- B. Acceptance, cause, consent, and subject of contract
- C. Capacity, intention, co-operation, and lesion
- **D. Capacity, cause, consent, and object of contract**

Answer: D

Explanation:

Under the Civil Code of Quebec, a valid contract requires four essential elements:

Capacity- Parties must be legally capable of contracting.

Cause- The reason or purpose each party has for contracting.

Consent- Agreement must be free and informed, without error, fear, or fraud.

Object of the contract- The subject matter of the agreement must be sufficiently defined and lawful.

These elements mirror common-law principles but differ in terminology. Option D is close but inaccurate—

"acceptance" is part of consent, and "subject" is a less precise term than "object." Options A and B include incorrect or irrelevant components.

Thus, the correct answer reflecting Quebec civil law requirements is C.

NEW QUESTION # 51

MacMan Inc. employs several salespersons who travel throughout Canada with samples of its products.

Which type of coverage does MacMan Inc. require to protect its samples while in the salespersons' possession?

- **A. Commercial Property Floater**
- B. Accident Insurance
- C. Personal Property Floater
- D. Aviation Insurance

Answer: A

Explanation:

A commercial property floater is designed for businesses that regularly transport goods, equipment, or samples away from their main premises. In this case, MacMan Inc.'s traveling sales staff carry product samples across Canada. These samples are considered business property, not personal property. Therefore, they must be insured under a commercial floater, which provides coverage regardless of location—hotel rooms, vehicles, trade shows, or customer visits.

Option C, personal property floater, applies to individual property such as jewelry, fine arts, or sporting goods, not business merchandise.

Option A, aviation insurance, is irrelevant unless aircraft are owned or used by the business for transport. Option B,

accident insurance, covers personal injuries, not physical property.

Because the exposure involves business-owned goods off-premises, the correct coverage is the commercial property floater. It ensures protection against theft, loss, or damage while the goods are in the custody of traveling employees.

NEW QUESTION # 52

What is his responsibility?

- A. Advise the insured the policy covers the loss, if he confirms it
- B. Advise an underwriter the policy requires a premium increase at renewal
- C. Record preliminary information and ask further details
- D. Verify the independent adjuster's report has no errors

Answer: C

Explanation:

A claims adjuster's primary initial responsibility is to receive, record, and gather preliminary information about a loss. This includes confirming the identity of the insured, the date and circumstances of the loss, and whether the situation appears to fall within the policy period and coverage. The adjuster also must ask probing questions to obtain the essential facts to begin an investigation. This early information is critical because it guides further steps such as contacting witnesses, arranging inspections, evaluating liability, and determining the need for expert reports.

Option A is incorrect because an adjuster cannot confirm coverage until a full review of the policy and the facts is completed. Option C is incorrect because the adjuster uses an independent adjuster's report but is not required to "verify no errors" in a formal sense; they assess and evaluate the report's content. Option D is unrelated to claims adjusting—premium changes are underwriting functions. Therefore, the adjuster's correct responsibility at the early stage is to record preliminary details and obtain further necessary information, making B the accurate answer.

NEW QUESTION # 53

A company suffers a \$100,000 property loss at its commercial location. If Insurer X and Insurer Y have policies subject to the same terms and conditions, and there is no deductible, what will each insurer pay based on the information below?

Insurer X Insured Amount \$400,000	Insurer Y Insured Amount \$100,000
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Insurer X insured amount: \$400,000

Insurer Y insured amount: \$100,000

- A. Insurer X pays \$80,000; Insurer Y pays \$20,000
- B. Insurer X pays \$50,000; Insurer Y pays \$50,000
- C. Insurer X pays \$100,000; Insurer Y pays \$0
- D. Insurer X pays \$0; Insurer Y pays \$100,000

Answer: A

Explanation:

When more than one insurer covers the same property under policies with identical terms, the loss is often shared according to the proportion of insurance each company provides. This is commonly referred to as contribution "pro rata by limits." First, determine the total amount of insurance:

Insurer X: \$400,000

Insurer Y: \$100,000

Total insurance: \$500,000

Next, determine each insurer's percentage of the total:

Insurer X: $400,000 \div 500,000 = 80\%$

Insurer Y: $100,000 \div 500,000 = 20\%$

The total loss is \$100,000, so each insurer pays its proportion of the loss:

Insurer X: $80\% \times \$100,000 = \$80,000$

Insurer Y: $20\% \times \$100,000 = \$20,000$

There is no deductible to adjust these amounts. Thus, Insurer X pays \$80,000 and Insurer Y pays \$20,000, making Option C correct.

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