Pass Guaranteed 2026 Accurate C11: Guaranteed Principles and Practice of Insurance Questions Answers

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C11 Principles and Practice of Insurance

Areas of regulation for Intermediaries - ✔✔Q-ualifaction (must pass test)

O-peration of business (must follow requirements)

L- Icences - Must have license

L- icence Renewal - Renewed annual

The Categories of insurance: - ✔✔1) Social

-Workers Compensation

2) Life and Health

Life, accident and sickness, and disability.

3) General property/casualty insurance

Personal Property

Boiler and Machinery

Automobile

Commercial property

Crime

Business interruption

Liability

Aviation

Marine

Inland Transport

Main functions of insurance - ✔✔1.) Spread of risk - volume, diversity of risk, location

2.) Security - Peace of mind

3.) Credit - Individuals, banks

4.) Capital - Premium investments

5.) Employment - Insurance creates jobs

As you all know that practicing with the wrong preparation material will waste your valuable money and many precious study hours. So you need to choose the most proper and verified preparation material with caution. Preparation material for the C11 exam questions from Exam4PDF helps to break down the most difficult concepts into easy-to-understand examples. Also, you will find that all the included questions are based on the last and updated C11 Exam Dumps version. We are sure that using Exam4PDF's IIC Exam Questions preparation material will support you in passing the C11 exam with confidence.

IIC C11 Exam Syllabus Topics:

Section	Weight	Objectives
Insurance Industry Structure and Stakeholders	15–20%	- Insurers, intermediaries, regulators - Roles: underwriting, claims, reinsurance - Legislation and regulation in Canada
Introduction to Insurance	10–15%	- Basic concepts: risk, peril, hazard - Purpose and function of insurance - Role of insurance in economy and society

Insurance Policy Structure and Provisions	20–25%	- Endorsements and modifications - Interpretation of policy wording - Policy components: declarations, insuring agreement, exclusions, conditions
Legal Principles of Insurance	20–25%	- Subrogation and contribution - Insurable interest, utmost good faith - Principle of indemnity - Contract law fundamentals
Risk Management and Application	15–20%	- Risk identification, assessment, treatment - Ethics and professional conduct - Application of principles to personal and commercial contexts

C11 Valid Test Voucher, C11 Latest Exam Practice

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IIC Principles and Practice of Insurance Sample Questions (Q87-Q92):

NEW QUESTION # 87
What should the broker provide in the broker report?

- A. Comparable accounts to assist the insurer in rating
- B. Their suggested premium for the client
- C. The client's past premium and deductibles
- D. Any personal knowledge of the client

Answer: D

Explanation:
Abroker reportaccompanies an application submitted to an insurer. Its purpose is to give the underwriter helpful background information to properly assess the risk. The broker is expected to providepersonal knowledge of the clientthat may not be evident from the application itself, such as reputation, financial responsibility, prior behaviour, and risk-management practices. This information can significantly influence underwriting decisions.
Option A is incorrect-the insurer, not the broker, determines premium.
Option C may be included if relevant, but it is not the essential purpose of a broker report.
Option D (comparable accounts) is not standard practice; insurers rely on their own rating manuals and actuarial data.
Thus, the most appropriate and expected content in a broker report ispersonal knowledge of the client, makingBthe correct answer.

NEW QUESTION # 88
In a non-proportional (excess of loss) reinsurance contract, the reinsurer agrees to pay the portion of any loss thatexceeds $80,000, up to an additional$100,000.
How much would the primary insurer pay for an insured loss of$60,000?

- A. $36,000
- B. $0
- C. $60,000
- D. $20,000

Answer: C

Explanation:
Comprehensive Explanation (150-250 words):
In anexcess of loss (non-proportional) reinsurance contract, the reinsurer pays only when the lossexceeds the primary insurer's retention, known as thepriorityorattachment point. In this question, the priority is$80,000.

This means reinsurance doesnotrespond unless the loss exceeds $80,000.
Here, the actual loss is$60,000, which isbelowthe attachment point. Because the loss never reaches the $80,000 threshold, the reinsurer owesnothing. Theentire lossremains the responsibility of the primary insurer.
The reinsurer's limit of $100,000 only becomes relevant if the loss exceeds $80,000, which is not the case here.
Therefore, the primary insurer pays100% of the $60,000 loss.
Correct answer:D.

NEW QUESTION # 89
What is his responsibility?

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

Answer: D

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 # 90
Patrice works as a broker meeting a new client. He is building rapport by performing similar actions to those of his client. Which form of in-person communication is he engaging in?

- A. Mirroring
- B. Open listening
- C. Transparency
- D. Copycatting

Answer: A

Explanation:
Mirroringis a communication technique used to build rapport by subtly matching another person's body language, tone, gestures, or pace of speech. It is widely used in sales, client consultations, and negotiations.
When done professionally and subtly, mirroring helps clients feel understood and creates psychological comfort, making it easier to discuss needs and gather accurate underwriting information.
Option B, copycatting, implies obvious or exaggerated imitation and is not a recognized professional communication method. Option C, transparency, refers to openness and honesty, not physical or behavioural alignment. Option D, open listening, is active listening-important, but unrelated to mirroring physical actions.
Since Patrice is deliberatelyperforming similar actionsto his client, he is engaging inmirroring, makingAthe correct answer.

NEW QUESTION # 91
Which is NOT one of the three types of knowledge an underwriter requires to be successful in their role?

- A. Prescription knowledge
- B. Industry knowledge
- C. Insurance product knowledge
- D. Claims knowledge

Answer: A

Explanation:
Successful underwriters must blend several types of knowledge to properly assess risk and construct suitable terms. The core areas typically highlighted in insurance education are:
Insurance product knowledge - Understanding policy wordings, coverages, exclusions, conditions, endorsements, and how different products respond to various loss scenarios.
Industry knowledge - Knowing the industries they insure (e.g., construction, retail, manufacturing):
operational hazards, typical loss trends, regulatory environment, and risk-management practices.
Claims knowledge - Appreciating how losses actually occur, how claims are adjusted, common coverage disputes, and historical loss experience. This helps underwriters anticipate problem areas and price and structure coverage appropriately.
"Prescription knowledge" is not a standard category in underwriting education. While underwriters may need guidelines, manuals, and rules, this is not recognized as one of the three foundational knowledge types.
Therefore, the item that is NOT one of the three required knowledge types is A. Prescription knowledge.

NEW QUESTION # 92
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