

Dumps Insurance Licensing NY-Life-Accident-and-Health Free Download & Simulated NY-Life-Accident-and-Health Test

NY Accident & Health Insurance Licensing Exam Study Guide (2024) || Questions & Answers (100% Correct)

Which section of an insurance policy contains language to assist an insurance company in managing morale and moral hazards - ANSWER - The exclusions

The funds assessed to be deposited into the NY Special Disability Fund are deposited with? - ANSWER - The Commissioner of Taxation and Finance

Someone has been hired to work for Namee Insurance Company to adjust workers compensation claims in the office. This person works as what type of adjuster? - ANSWER - A staff or adjuster who is working as an employee

A products-completed operations claim can be made against products manufacturers, wholesalers, and retailers alleging fault and legal responsibilities except for... - ANSWER - Vicarious liability

What is an incorrect statement on liability Part A of a Personal Auto Policy - ANSWER - When Part A limits are exhausted any limits for Uninsured Motorists coverage can be used to pay the entire claim

What is not true of a Physician, Surgeon, Dentist form? - ANSWER - It is available to be written on an occurrence form only

What is not true of the NY Motor Vehicle Accident Indemnification Corporation? - ANSWER - The injured party must submit all medical bills along with the claim forms within 30 days of the accident that caused the injury

How much does NY pay a family for death benefits for the minimum financial responsibility limit? - ANSWER - \$50,000

The minimum coverage amount for UM/UIM in NY is? - ANSWER - \$25,000 per person; \$50,000 per accident

Part 1 of workers compensation policy covers all but: - ANSWER - Bodily injury caused by employer negligence

The NY department has made an exception for claim-made coverage except for what type of risk? - ANSWER - Motor vehicle liability coverage

What is not a settlement option for liability claims? - ANSWER - Excessive amounts claimed

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q23-Q28):

NEW QUESTION # 23

In a health insurance policy, an insured has an out-of-pocket limit of \$10,000, a deductible of \$500, and an 80%/20% coinsurance. The insured incurs \$50,000 of covered losses in an accident. How much will the insurer have to pay?

- A. \$40,000
- B. \$39,600
- C. \$35,500
- D. \$49,500

Answer: B

Explanation:

The correct answer is \$39,600 . To determine the insurer's payment, the deductible and coinsurance provisions must be applied to the total covered medical expenses. First, the insured must pay the \$500 deductible . Subtracting this amount from the total covered losses of \$50,000 leaves \$49,500 of eligible expenses subject to coinsurance.

Under an 80/20 coinsurance arrangement , the insurer pays 80% of the covered expenses and the insured pays 20% . Applying the insurer's portion to the remaining amount:

$$80\% \times \$49,500 = \$39,600 .$$

Therefore, the insurer's payment equals \$39,600 , while the insured would pay the deductible plus their coinsurance share. Although the policy mentions a \$10,000 out-of-pocket limit , the insured's cost in this situation (the \$500 deductible plus 20% of the remaining expenses) does not exceed that limit , so the limit does not affect the calculation.

Thus, after applying the deductible and coinsurance provisions, the insurer pays \$39,600 , making Option B the correct answer.

NEW QUESTION # 24

Which of the following groups is NOT eligible for the Healthy New York Program?

- A. Working uninsured
- B. Sole proprietors
- C. Large employers
- D. Small employers

Answer: C

Explanation:

The correct answer is A. Large employers. The Healthy New York Program was designed by New York State to make health insurance more affordable for individuals and small businesses that typically have difficulty obtaining reasonably priced coverage. The program targets small employers , generally those with a limited number of employees, as well as sole proprietors and certain working individuals who are uninsured . By providing subsidized coverage options, the program helps these groups access basic health insurance protection.

Under the program guidelines used in New York Life, Accident and Health licensing materials, eligibility includes small businesses , self-employed individuals , and working uninsured individuals who meet specific income and employment criteria. These groups are

considered eligible because they often lack access to affordable group coverage through large employer-sponsored plans. Large employers, however, are not eligible for the Healthy New York Program. Large companies typically have access to standard group health insurance markets and therefore are not the intended beneficiaries of this subsidized program. Because the program specifically focuses on small businesses and uninsured workers, large employers are excluded from eligibility, making option A the correct answer.

NEW QUESTION # 25

Clark will be doing business as an agent. When MUST he be appointed by the insurer?

- A. At the time the license application is submitted.
- B. Within 15 days of signing the agency contract.
- C. Within 20 days after commissions have been paid.
- D. Within 15 days of submitting his license application.

Answer: B

Explanation:

The correct answer is B. Within 15 days of signing the agency contract. In New York, when an insurer authorizes a licensed insurance producer to act as its agent, the insurer must make the formal appointment within the time required by state insurance law. The appointment is tied to the establishment of the agency relationship, which begins when the insurer and the producer enter into the agency contract. New York licensing rules require the insurer to notify the state of that appointment within the required 15-day period.

The other choices are incorrect because appointment is not based on the date the producer submits a license application, and it does not have to occur at the exact same moment the license application is filed. It is also unrelated to the timing of commission payments. The appointment requirement exists so the state can identify which insurers a producer is authorized to represent as an agent. Therefore, once Clark signs the agency agreement and is authorized to act on behalf of the insurer, the insurer must complete the appointment process within 15 days of signing the agency contract.

NEW QUESTION # 26

Penalties that may be levied by the Department of Insurance for committing insurance fraud do NOT include

- A. license suspension.
- B. license revocation.
- C. probation.
- D. fines.

Answer: C

Explanation:

The correct answer is D. probation. In New York insurance regulation, the Department's enforcement powers for insurance-law violations and fraud-related misconduct commonly include civil fines and license disciplinary action, such as suspension or revocation of an insurance producer's license. New York Insurance Law § 2110 specifically authorizes the Superintendent to refuse to renew, suspend, or revoke a producer's license, and DFS disciplinary action records show those sanctions being imposed in practice.

In addition, New York's fraud enforcement materials explain that civil monetary penalties may be imposed for fraudulent insurance acts. DFS's fraud division report states that Insurance Law § 403 authorizes the Department to levy civil penalties against individuals who commit fraudulent insurance acts.

By contrast, probation is not one of the standard penalties listed in this New York insurance-licensing/fraud context for the Department's administrative sanctions on producers in the exam material framework. The tested distinction is that the Department may impose fines, suspension, and revocation, but not probation as the answer choice here. Therefore, the option that is not included is probation.

NEW QUESTION # 27

In addition to the application, MIB, or consumer reports, underwriters can acquire information from all of the following EXCEPT

- A. physical examinations.
- B. medical questionnaires.

- C. genetic testing.
- D. attending physician statements.

Answer: C

Explanation:

Life insurance underwriting relies on multiple sources to evaluate an applicant's insurability and assign an appropriate risk classification. Beyond the application, the Medical Information Bureau (MIB), and consumer reports, insurers commonly obtain additional medical information through medical questionnaires (supplemental health questions), attending physician statements (APS) from the applicant's doctor, and physical examinations (often including measurements, vitals, and sometimes lab work) when required by the insurer's underwriting guidelines. These tools help confirm medical history, clarify conditions disclosed on the application, and verify current health status so the insurer can make a fair underwriting decision.

However, insurers generally do not obtain information through genetic testing as part of routine underwriting.

Licensing materials typically treat genetic testing as an excluded underwriting source because of legal and regulatory protections that restrict requesting or using genetic test results in insurance decisions. Therefore, while questionnaires, APS reports, and physical exams are standard underwriting information sources, genetic testing is the exception.

NEW QUESTION # 28

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