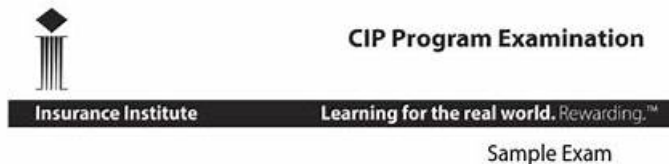


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C11 Principles and Practice of Insurance

IMPORTANT

The time allowed for this exam is 3 hours.

Total marks: 200

You must hand in this paper and any paper used for rough work to the supervisor when you leave the examination room. Failure to do so may result in disqualification.

Section A: Multiple-Choice Questions

Question 1. For the following multiple-choice questions, fill in the circle of the letter that identifies the most correct answer.

Example: A B C D

DO NOT MARK THE ANSWERS ON THESE PAGES.
USE THE FIRST PAGE OF YOUR ANSWER BOOK.

1. Insurance was developed as a result of the existence of
- (A) hazards.
 - (B) indemnity.
 - (C) loss.
 - (D) risk.

Page 1 of 9

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IIC Principles and Practice of Insurance Sample Questions (Q86-Q91):

NEW QUESTION # 86

Tame Insurance Company recently decided to terminate its broker agreement with XYZ Insurance Brokers. Which situation would likely have resulted in this termination?

- A. XYZ Insurance Brokers did not keep handled premiums in a trust account and instead used them to pay expenses
- B. Tame Insurance Company provided quotes on all applications received from the broker
- C. XYZ Insurance Brokers did not remit commissions owed to the insurer immediately after issuing a policy
- D. Tame Insurance Company set a standard deductible for certain classes of business

Answer: A

Explanation:

Brokers are legally and ethically required to keep premiums in a trust account, separate from operating funds.

These trust monies belong to insurers (or insureds, depending on the context) until remitted. Misusing trust funds-such as using them to pay operating expenses-is considered a serious breach of fiduciary duty and a violation of insurance regulatory requirements. Such conduct jeopardizes financial integrity and can lead to immediate termination of the broker contract, regulatory sanctions, or license revocation. Therefore, option D reflects a valid and serious reason for terminating the agreement.

Option A concerns underwriting rules, not broker misconduct. Option B actually reflects good insurer service, not grounds for termination. Option C is incorrect because brokers do not owe commissionstoinsurers- insurers pay commissionstobrokers. The broker's responsibility is to remit collected premiums, not commissions.

Thus, the only option representing a breach serious enough to terminate an agency contract is D.

NEW QUESTION # 87

Mark was involved in an at-fault accident one year ago. As there was minimal vehicle damage and no apparent injuries, Mark settled with the third party and did NOT report the accident to his insurer. Today, Mark has been served a statement of claim alleging long-term injuries. Which action will Mark's insurer MOST LIKELY take, and why?

- A. Pay the claim because Mark's current policy must respond to a liability claim
- B. Deny the claim because a limitation period is in effect
- C. Pay the claim because accident benefit coverages have no expiration date
- D. Deny the claim because Mark had forfeited the right of recovery

Answer: D

Explanation:

Insurance policies require the insured to report all accidents promptly, even when they appear minor. By settling privately and failing to notify the insurer, Mark violated a fundamental policy condition. This breach is significant because it prejudices the insurer's rights: the insurer lost the opportunity to investigate, defend, or control settlement negotiations. Under the statutory conditions (especially for automobile insurance), failure to report may result in the forfeiture of the insured's right to recovery.

Option A is incorrect because limitation periods vary and do not automatically cause a denial; moreover, the issue is the insured's breach, not limitation law. Option C is incorrect because this is a liability claim, not accident benefits. Option D is incorrect because the current policy does not automatically cover past unreported accidents, and coverage can be denied if the insured breached statutory reporting conditions.

Thus, the insurer will most likely deny coverage because Mark forfeited his rights by failing to report the loss, making B correct.

NEW QUESTION # 88

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

Answer: D

Explanation:

Mirroring is 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 deliberately performing similar actions to his client, he is engaging in mirroring, making A the correct answer.

NEW QUESTION # 89

John convinces Louise to sign a contract for room and board at his house in Montreal in exchange for \$1,000.

When Louise prepares to move in, John informs her that she will be staying in a room at a run-down hotel he owns. Which cause of nullity is Louise MOST LIKELY to employ to cause the contract to be of no effect?

- A. Lesion
- B. Violence
- C. Error
- **D. Fraud**

Answer: D

Explanation:

Under contract law principles referenced in Principles and Practice of Insurance, a contract is only valid when both parties give free, informed, and genuine consent. Fraud occurs when one party intentionally misleads another through deception, false representation, or concealment to induce consent. In this scenario, John intentionally misrepresented the nature of the accommodation—promising his private residence while intending to place Louise in a different, inferior property.

Because Louise agreed based on a material misrepresentation, the contract is voidable due to fraud, meaning she can invoke nullity and have the contract deemed without effect. Fraud differs from error in that the misinformation was deliberately created by John. It is not lesion (which relates to unfair disadvantage in value) nor violence (which involves physical or psychological coercion). Therefore, the correct answer is B. Fraud.

NEW QUESTION # 90

What does the term "subject of insurance" refer to?

- A. The company providing the coverage
- B. The perils associated with the risk
- **C. The thing being insured**
- D. The type of wording applicable to the policy

Answer: C

Explanation:

The subject of insurance is the property, person, or legal liability exposure that is being insured. This is the central object of the policy—what the insurer agrees to indemnify or protect. For example, a house in a homeowner's policy, a vehicle in an automobile policy, or a person's life in a life insurance contract.

Identifying the subject of insurance is essential because underwriting, policy wordings, rates, and coverage conditions all revolve around what is being insured.

Option B refers to perils, which are the causes of loss, not the insured item. Option C refers to the insurer itself and is unrelated to the definition. Option D refers to policy language but not the underlying exposure.

Thus, the correct meaning of the term is A: the thing being insured.

NEW QUESTION # 91

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