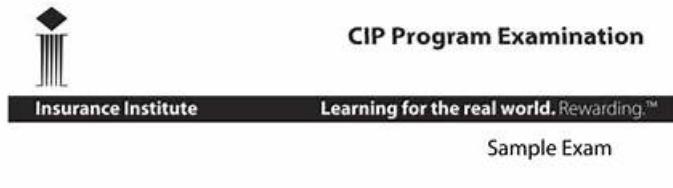


# C11 Valid Test Questions, Exam C11 Simulations



## 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:

**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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**>> C11 Valid Test Questions <<**

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## IIC Principles and Practice of Insurance Sample Questions (Q55-Q60):

### NEW QUESTION # 55

What type of wording is written on a custom basis for a specific situation?

- A. Chattel
- B. Treaty
- C. Manuscript
- D. Standard

**Answer: C**

Explanation:

A manuscript wording is a policy or endorsement crafted specifically for an individual client or an unusual risk exposure. It is custom-written and negotiated between the insurer and the insured (or their broker). These wordings are used when standard forms do not adequately describe or protect a particular exposure, usually for large commercial clients, unique operations, or highly specialized risks.

Option A refers to standard wordings, which are pre-written, commonly used forms approved by insurers or industry bodies.

Option B (chattel) refers to movable personal property, not policy wording.

Option C (treaty) refers to reinsurance agreements between insurers and reinsurers, not client-facing policy forms.

Therefore, the only option describing a custom-written policy wording is D: Manuscript.

### NEW QUESTION # 56

Which peril of operating a business is insurable?

- A. Product obsolescence
- B. Cybersecurity
- C. Mismanagement
- D. Under-capitalization

**Answer: B**

Explanation:

To be insurable, a peril must be fortuitous, measurable, and not within the direct control of the insured.

Cybersecurity risks meet these criteria, which is why insurers offer cyber liability and data breach insurance.

These policies cover hacking, ransomware, privacy breaches, and business interruption caused by cyber events.

Mismanagement (C) is uninsurable because it results from internal decision failure.

Under-capitalization (D) is a business failure, not a fortuitous peril.

Product obsolescence (A) is a predictable business cycle risk and cannot be insured.

Thus, the only insurable peril listed is B: Cybersecurity.

### NEW QUESTION # 57

How are staff adjusters and independent adjusters similar?

- A. Both work on behalf of, and are paid by, the insurer
- B. Neither is allowed to perform an investigation
- C. Neither has any limitation on their authority to settle claims
- D. Both are licensed only in Quebec and New Brunswick

**Answer: A**

Explanation:

Both staff adjusters and independent adjusters work on behalf of the insurer when handling claims. A staff adjuster is an employee of the insurance company, while an independent adjuster is contracted by an insurer to investigate and adjust claims. Regardless of their employment relationship, both types of adjusters operate under the insurer's authority, follow the insurer's procedures, and act in the insurer's interests when assessing damages, determining coverage, and recommending settlement amounts.

Option A is incorrect because both adjusters do perform investigations. Option C is incorrect—adjusters are licensed in most provinces, not only Quebec and New Brunswick. Option D is incorrect because both staff and independent adjusters have specific limitations on their settlement authority, which depend on the insurer's internal guidelines. Therefore, the similarity that applies universally is B.

### NEW QUESTION # 58

Antonio lights a firecracker and throws it to Brett. Brett tosses it to Sandra. Sandra catches it and throws it to Celina. It explodes in Celina's hands, injuring her. Who is the immediate cause of the loss?

- A. Brett
- B. Celina and Antonio
- C. Antonio and Brett
- D. Sandra

#### Answer: D

Explanation:

In determining liability, the immediate (proximate) cause refers to the most direct, unbroken cause leading to the injury. In this sequence, the firecracker explodes in Celina's hands immediately after she receives it from Sandra. Although Antonio initiated the chain of events and Brett contributed, their actions are more remote.

The last voluntary act that directly placed the dangerous object in the position where it caused harm was Sandra's throw to Celina. Sandra's action is therefore the immediate cause, even though earlier individuals may share legal responsibility in a broader causation analysis.

Option D is incorrect because Celina did not cause her own injury; she merely received the firecracker.

Option C includes Antonio and Brett, but neither was the final actor in the chain.

Therefore, the immediate cause of loss is B: Sandra.

### NEW QUESTION # 59

A commercial brokerage failed to advise the insurer of a client's modified risk. The insurer discovered this only at the time of a major loss and denied the claim due to material change. How will the client MOST LIKELY proceed?

- A. Take legal action against the brokerage, stating it had a contractual responsibility to disclose the material change
- B. Take legal action against the insurer, stating the insurer knew the full risk
- C. Pay for the loss, and oblige the brokerage to reimburse the deductible
- D. Pay for the loss, and cancel the policy backdated to before the loss

#### Answer: A

Explanation:

Brokers act as agents of the insured, meaning they owe a professional duty to advise the insurer of any material change in risk. A material change is any alteration that significantly affects the underwriting assessment of the policy. If a broker fails to report such a change, the insurer is legally entitled to void coverage or deny a claim because it was not given full information to properly rate or accept the risk.

When a claim is denied due to the broker's failure-not the insured's intentional nondisclosure-the insured will typically seek compensation by suing the brokerage for negligence. The brokerage has a legal duty of care to ensure proper communication with insurers on behalf of the client.

Options A and B make no sense because the insurer will not voluntarily pay after a justified denial. Option C is unlikely, because the insurer can demonstrate that it never received notification of the change. The correct and realistic recourse is legal action against the brokerage, making D correct.

### NEW QUESTION # 60

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