

# Reliable C11 Test Questions Vce & Pass-Sure Real C11 Questions & Accurate Reliable C11 Test Topics

## VCE Practice Questions with Correct Answers (Complete Solutions 2023)

What are the five sensing terms? Correct Answer Doubtful, Lost, Over, Short, Target D-LOST

What is the maximum number of targets that will be presented to an MMG platform? Correct Answer 2

Which one of the following is not a key component of threat based methodology? Correct Answer Ammunition Type

Which prerequisite should the primary evaluator meet prior to evaluating live fire gunnery? Correct Answer Be a Sergeant or above

Which of the following is not a command of execution? Correct Answer Firing

What is the eighth element in a fire command? Correct Answer Execution

MMG targets will be presented for a maximum of how many seconds in the offense? Correct Answer 50 seconds

When does time start for an offensive engagement? Correct Answer When all target(s) in the initial presentation are fully locked or first round is fired

the firer or Vehicle Commander must announce a sensing before what? Correct Answer Any Subsequent fire command  
Any supplemental fire command  
Terminating the engagement  
ALL OF THE ABOVE

Which is not a determining factor for target prioritization when multiple targets of the same threat level are encountered? Correct Answer Engage Far targets before near targets

All targets must be presented to the firer with a minimum of how much target visibility throughout the engagement? Correct Answer 90%

Initial defilade is provided in the defense for all crews when which of the following conditions are met? Correct Answer The crew is properly positioned in their defensive firing position  
All targets are in the presentation are locked  
The crew has not engaged any targets currently presented  
ALL OF THE ABOVE

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## IIC Principles and Practice of Insurance Sample Questions (Q11-Q16):

### NEW QUESTION # 11

Ivana is in an auto accident. The agreed market value of her vehicle is \$17,000.

Her policy deductible is \$1,500.

A wrecking company offers \$3,000 for the salvage.

Ivana chooses to keep the salvage.

What amount will Ivana receive?

- A. \$12,500
- B. \$14,000
- C. \$15,500
- D. \$17,000

**Answer: A**

Explanation:

Comprehensive Explanation (150-250 words):

When a vehicle is deemed a total loss, the insurer typically pays the actual cash value (ACV) minus the deductible. If the insured decides to keep the salvage, the salvage value must also be deducted from the settlement, because the insured retains something of monetary worth.

The formula for this situation is:

$$\text{Settlement} = \text{ACV} - \text{Deductible} - \text{Salvage Value}$$

Using Ivana's numbers:

$$\text{ACV} = \$17,000$$

$$\text{Deductible} = \$1,500$$

$$\text{Salvage value} = \$3,000$$

$17,000 - 1,500 - 3,000 = 12,500$  Therefore, Ivana receives \$12,500, and she keeps the damaged vehicle, which she values for personal reasons.

Option B (\$14,000) ignores the salvage deduction.

Option C (\$15,500) ignores the deductible.

Option D (\$17,000) ignores both deductible and salvage, which is not permitted.

The only correct settlement amount is \$12,500.

### NEW QUESTION # 12

What is the Canadian Insurance Claims Managers Association (CICMA) responsible for?

- A. Monitoring claims to detect fraudulent valuations
- B. Assessing automobile personal injury claims
- C. Analyzing the damageability of vehicles and property
- D. Promoting a high standard of ethics in the handling of claims

**Answer: D**

Explanation:

The Canadian Insurance Claims Managers Association (CICMA) is a professional body composed of senior claims managers across the Canadian insurance industry. Its principal purpose is to promote high ethical standards, professionalism, fairness, and integrity in claims handling. CICMA supports education, networking, and the sharing of best practices to ensure consistency and ethical conduct across insurers.

Option A is incorrect because CICMA does not evaluate or adjudicate claims; individual insurers and provincial accident benefit systems handle those tasks. Option B is incorrect because fraud detection is handled by insurers and sometimes by the Insurance Bureau of Canada (IBC). Option C is unrelated—vehicle damageability research is conducted by organizations such as the Insurance Institute for Highway Safety or similar bodies.

CICMA's work emphasizes ethics, professional development, and claims leadership, which align directly with option D.

### NEW QUESTION # 13

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

**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.

### NEW QUESTION # 14

What is binding authority?

- A. List of clients who the broker can contact for coverage
- B. Permission to confirm coverage before submitting it to the insurer
- C. Equivalent to an insurers cover note
- D. Agreement between an insurer and an insured regarding reinsurance

**Answer: B**

Explanation:

Binding authority is the authority an insurer grants to a broker or agent, allowing the intermediary to bind coverage on the insurer's behalf before the insurer has formally reviewed the application. When an intermediary has binding authority, they can confirm that coverage is in force immediately, subject to the terms granted by the insurer. This is crucial for situations requiring quick coverage, such as real estate closings, automobile purchases, or commercial contract deadlines.

Option A is incorrect because a cover note is the document issued after binding coverage—not the binding authority itself. Option B is incorrect because binding authority has nothing to do with permission to contact clients. Option D is completely unrelated, as reinsurance agreements occur between insurers, not insureds.

Therefore, the correct description of binding authority is permission granted to an intermediary to bind coverage on behalf of the insurer, which is option C.

### NEW QUESTION # 15

What is his responsibility?

- A. Advise an underwriter the policy requires a premium increase at renewal

- B. Advise the insured the policy covers the loss, if he confirms it
- C. Verify the independent adjuster's report has no errors
- **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 # 16

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