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LLQP COURSE (COMMON LAW) CONTINUING EDUCATION CREDITS - ETHICS	
Accreditation	Credits
ADVOCIS - Structured Learning CE	20
AIC - Accident & Sickness	20
AIC - Life Insurance	20
CFA Institute - CFA - PD	20
CFP - General CE	20
CIM - CIM Professional development	12
CIRO-ID - Professional Development	20
CIRO-MF - Professional Development	20
CIWM - CIWM Professional development	12
FSRA - Life Insurance	20
ICS - Life Insurance	20

Source: Canadian Securities Institute

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## IFSE Institute LLQP Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>Accident and Sickness Insurance: Aimed at insurance professionals offering individual and group health insurance, this section emphasizes the importance of financial protection in the case of serious illness or injury.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>Life Insurance: This section assesses the expertise of insurance professionals, including financial advisors and life insurance agents, in understanding the financial impact of death. It explains how life insurance helps address those financial needs and introduces various life insurance products, along with their features and benefits.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>Ethics and Professional Practice: This part of the exam focuses on the legal and ethical responsibilities of life insurance professionals. It outlines the legal framework for life insurance in common law provinces and territories and stresses the importance of maintaining professionalism.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>Segregated Funds and Annuities: Targeted at investment advisors and financial planners, this section evaluates their understanding of saving and investment strategies, which are essential for retirement and financial planning.</li> </ul>

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## Exam LLQP Review - LLQP Best Practice

How to get the test LLQP certification in a short time, which determines enough qualification certificates to test our learning ability and application level. This may be a contradiction of the problem, we hope to be able to spend less time and energy to take into account the test LLQP Certification, but the qualification examination of the learning process is very wasted energy, so how to achieve the balance? Our LLQP exam prep can be done with its high-efficient merit. Try it now!

## IFSE Institute Life License Qualification Program (LLQP) Sample Questions (Q321-Q326):

### NEW QUESTION # 321

Callum is an agent with Neverland Insurance. It was recently discovered that he had been using a tied selling technique to double his sales with each client. Which one of the following organizations will take action against Callum's conduct?

- A. The Canadian Insurance Services Regulatory Organizations.
- B. The Canadian Council of Insurance Regulators.
- C. The Office of the Superintendent of Financial Institutions.
- D. The provincial/territorial regulatory authority of the jurisdiction where Callum operates.

**Answer: D**

Explanation:

Comprehensive and Detailed in Depth Explanation with Exact Extract from Documents and Guides:

Tied selling-requiring clients to buy one product to get another-is unethical and prohibited under insurance regulations. The IFSE Ethics and Professional Practice Course (Common Law) states that provincial/territorial regulatory authorities (e.g., Financial Services Commission of Ontario) oversee agent conduct and enforce compliance within their jurisdiction. Callum's actions fall under their purview. The Canadian Insurance Services Regulatory Organizations (A) is not a specific body, the Canadian Council of Insurance Regulators (C) coordinates but doesn't enforce, and the Office of the Superintendent of Financial Institutions (D) regulates federal financial institutions, not individual agents. Thus, B is correct.

References:

IFSE Ethics and Professional Practice Course (Common Law), Module 4: Regulatory Environment, Section on "Provincial/Territorial Regulators."

### NEW QUESTION # 322

Everett is an insurance of persons representative who works exclusively for Moon Life Insurance. He wants to leave the company and become an independent representative. He knows that before he branches out on his own, he needs to ensure he has sufficient liability insurance.

Which of the following statements about his professional liability insurance is CORRECT?

- A. Professional liability insurance covers fraud or misappropriation.
- B. This insurance covers gross faults committed by an insurance representative.
- C. His liability insurance must have coverage of not less than \$1,500,000 per claim.
- D. If a contract has a deductible, it may not exceed \$20,000.

**Answer: D**

Explanation:

For an insurance representative such as Everett who intends to transition to an independent role, maintaining adequate professional liability insurance is crucial. According to LLQP guidelines, the requirements for liability insurance coverage mandate that if the policy includes a deductible, it cannot exceed \$20,000 per claim. This limit helps ensure that insurance representatives can reasonably cover the deductible amount without facing significant financial hardship in case of a claim.

Regarding the other answer choices:

A liability insurance policy is typically required to have a minimum coverage of \$1,000,000 per claim, not \$1,500,000.

Professional liability insurance does not cover gross negligence, fraud, or intentional misconduct such as fraud or misappropriation. It is designed to cover errors, omissions, and negligence within the scope of professional duties, provided they are not intentional or fraudulent acts.

Therefore, option B accurately reflects LLQP stipulations regarding the deductible limit on professional liability insurance for insurance representatives.

### NEW QUESTION # 323

Kalei owns a \$250,000 life insurance policy with an accumulated cash surrender value of \$75,000. She meets with her insurance agent Pamela to inform her that she quit her job last week. She wants to start an online business and needs \$40,000 to fund the inventory and cover her living expenses for a few months. She heard that it was possible to obtain a loan using her policy at a 5% interest rate. Which of the following statements about collateral assignment is CORRECT?

- A. Kalei is prohibited from doing anything with her policy that could affect the value of the security.
- B. Kalei must name the bank as an irrevocable beneficiary of the policy until the debt is paid off.
- C. Upon Kalei's death, the insurance company will only reimburse the bank the entire \$40,000 that she borrowed.
- D. The bank is the new policyholder and beneficiary of the policy.

**Answer: A**

Explanation:

When a life insurance policy is used as collateral for a loan, the policyholder retains ownership but must avoid actions that could reduce the value of the policy as collateral, such as reducing the cash value or cancelling the policy. This restriction ensures that the lender's security interest in the policy remains protected until the debt is repaid.

In collateral assignments, the policyholder does not transfer ownership to the lender, nor is there a requirement to designate the lender as an irrevocable beneficiary. The assignment simply grants the lender a right to claim the policy proceeds to cover the loan amount if the policyholder defaults or passes away.

#### **NEW QUESTION # 324**

Life insurance agent Travis is preparing to meet with a new client. Over the phone, the client mentioned having about \$3,000 that he intends to invest in a segregated fund within his TFSA. Travis and the client have not interacted much previously, so he expects there will be some discussion before a suitable product is selected. Still, Travis believes it is likely the client will end up signing an application form today.

Besides the application form, which of the following documents must Travis bring to ensure that the requirements for opening the account are met?

- \* A Pre-Authorized Contribution (PAC) form
- \* An information folder
- \* A third-party determination form
- \* The Fund Facts
- \* Annual audited financial statements for the funds

- A. 2, 4, and 5 only
- B. 1 and 2 only
- C. 2, 3, and 4 only
- D. 2 and 4 only

**Answer: C**

Explanation:

According to the LLQP Segregated Funds and Annuities curriculum and regulatory requirements governing insurance-based investments, certain documents must be provided or completed at the time a segregated fund contract is sold. These requirements are designed to ensure client disclosure, informed consent, and compliance with anti-money laundering (AML) and consumer protection rules.

First, an information folder is mandatory. The LLQP study guide explains that insurers must provide clients with an information folder before or at the time the contract is issued. This folder outlines the nature of segregated funds as insurance contracts, explains guarantees, fees, risks, and the client's right of rescission.

Without this document, the disclosure requirement is not met.

Second, Fund Facts (also referred to in insurance as Fund Facts-like disclosure documents) must be provided for each segregated fund selected. These documents summarize key information such as investment objectives, historical performance, fees, and risks in a standardized format. The LLQP curriculum emphasizes that Fund Facts must be delivered before or at the point of sale, even if the final fund selection occurs during the meeting.

Third, a third-party determination form is required under AML legislation whenever there is a possibility that someone other than the client may be contributing funds or exercising control. Since the client is investing a lump sum and Travis has limited prior relationship with him, the third-party determination form must be completed to confirm whether the funds belong solely to the client or to someone else.

The other documents are not mandatory in this scenario. A Pre-Authorized Contribution (PAC) form is only required if the client chooses to set up automatic ongoing contributions, which has not been indicated. Annual audited financial statements are publicly available but do not have to be physically provided at the time of sale.

Therefore, based strictly on LLQP Segregated Funds and Annuities regulatory and disclosure requirements, the correct answer is Option C: 2, 3, and 4 only.

#### **NEW QUESTION # 325**

(Jack is starting a new job with group medical, dental, and retirement benefits. He submits his application but is told he is not immediately eligible.

When might Jack become eligible?)

- A. On the group plan's renewal date.
- B. At the end of his GRRSP contribution vesting period.
- C. After the number of days required by law to contribute to his GRRSP.
- **D. At the end of a standard waiting period.**

**Answer: D**

Explanation:

Most group benefits, including medical, dental, and retirement plans, require employees to complete a standard waiting period (e.g., 3 months) before they become eligible for enrollment.

Exact Extract:

"Group insurance plans often impose a standard waiting period before new employees become eligible for coverage."

(Reference: Sicknes-E312-2020-12-7ED, Chapter 2.3.3.1 Qualification Period#45:3 Sicknes-E312-2020-12-7ED.pdf\*\*)

## NEW QUESTION # 326

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