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**CIP Program Examination**

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Sample Exam

**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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## IIC Principles and Practice of Insurance Sample Questions (Q30-Q35):

### NEW QUESTION # 30

Samuel is a broker who does NOT have claims-handling authority. He received a call from an insured at the scene of an auto accident. The insured was upset, and Samuel reassured her that everything would be fine because she had coverage. Later, the insurer denied the claim due to impaired driving. What should Samuel have done differently?

- A. Asked to speak to the police officer at the scene to determine legal implications
- B. Asked the insured more details and informed her the claim would not be covered
- C. Told the insured that the insurer would have to investigate before he could answer her concerns
- D. Told the insured to take immediate responsibility for the accident to uphold utmost good faith

**Answer: C**

Explanation:

Brokers without claims-handling authority must be extremely careful in the statements they make to insureds, especially at the time of a loss. Samuel improperly promised coverage, something he had neither the authority nor sufficient information to confirm. Claims are determined by the insurer based on policy wording, exclusions, and investigation. The proper action would have been to reassure the insured emotionally while clearly stating that the insurer must first investigate the circumstances before any determination of coverage can be made.

Option B is inappropriate; the insured should not admit liability at the scene. Option C is improper because a broker has no authority to intervene in a police investigation. Option D is also incorrect; Samuel cannot deny coverage, as this is solely the insurer's role. Therefore, the only correct response is A, which aligns with proper professional conduct and avoids misrepresentation

### NEW QUESTION # 31

An insurer writes a \$60,000,000 risk for a premium of \$30,000. Using pro rata reinsurance, it transfers 25% of the risk to the reinsurer. The risk then suffers a \$100,000 loss. How much does the reinsurer contribute to this loss?

- A. \$60,000
- B. \$100,000
- C. \$25,000
- D. \$75,000

**Answer: C**

Explanation:

In pro rata (proportional) reinsurance, the reinsurer assumes a fixed percentage of both the risk and the premium, and in return pays the same percentage of any losses. Here, the insurer cedes 25% of the risk to the reinsurer. Therefore, the reinsurer must contribute 25% of any loss that occurs on that policy.

The loss amount is \$100,000.

Reinsurer's share =  $25\% \times \$100,000 = \$25,000$ .

The insurer retains the remaining 75%, or \$75,000. Proportional reinsurance helps insurers manage exposure by sharing both costs and losses. Options B, C, and D do not correctly reflect proportional-sharing principles.

The reinsurer does not pay the full loss; it only pays its agreed percentage.

Thus, the correct answer is A: \$25,000.

### NEW QUESTION # 32

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 accident benefit coverages have no expiration date
- B. Deny the claim because a limitation period is in effect
- C. Pay the claim because Mark's current policy must respond to a liability claim
- 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 # 33

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 # 34

What is stated in the insuring agreements of a policy?

- A. Description of the property covered
- B. Lienholder
- C. Signature clause
- D. Premium

**Answer: A**

### NEW QUESTION # 35

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