

Virginia-Life-Annuities-and-Health-Insurance Actualtest, Guide Virginia-Life-Annuities-and-Health-Insurance Torrent

Virginia State Life, Annuities and Health Final Exam 2025 With Actual Questions and Complete Solutions (GRADED A+) 100% PASS

The Commission may examine every insurer authorized to transact business in Virginia as often as deemed necessary, but at least once every... - ✓✓ 5 years

Notice of a hearing for a cease and desist order must include the time and place of the hearing and give at least _____ in advance. - ✓✓ 10 days

Any person who knowingly or willfully violates the Insurance Code of this state will be subject to a penalty up to _____ for each violation. - ✓✓ \$5,000

Any person who violates the Insurance Code without knowledge or intent may be subject to a penalty of not more than _____ for each violation. - ✓✓ \$1,000

A series of similar violations resulting from the same act will be limited to a total penalty of not more than _____. - ✓✓ \$10,000

Applicant must apply for and obtain a license within _____ of passing the state prelicensing exam. - ✓✓ 6 months (183 calendar days)

Each applicant for an insurance consultant's license must submit a nonrefundable application processing fee of _____ at the time of initial application. - ✓✓ \$50

Any individual or business entity conducting the business of insurance under an assumed or fictitious name must notify the Bureau of Insurance either at the time of application for licensure or within _____ calendar days from the date the assumed or fictitious name is adopted. - ✓✓ 30

A licensed agent may sell or solicit insurance on behalf of an insurer if the agent has not yet been appointed as long as the appointing insurer files a notice of appointment within _____ calendar days

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Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q52-Q57):

NEW QUESTION # 52

What are long-term care insurance "ADL's"?

- A. Activities of daily living
- B. Aggregate days limitation
- C. Aggregate dollar limits
- D. Approved doctor lists

Answer: A

Explanation:

Virginia Code § 38.2-5200 defines ADLs (Activities of Daily Living, option C) as essential tasks-e.g., bathing, dressing, eating-used to determine LTC benefit eligibility (typically inability to perform 2 of 6).

Option A (aggregate dollar limits) refers to coverage caps, not ADLs. Option B (aggregate days limitation) might confuse with elimination periods, not ADLs. Option D (approved doctor lists) relates to provider networks, not functional criteria. The study guide likely details ADLs with examples-e.g., needing help with mobility-emphasizing their role in claims, making C the correct term.

NEW QUESTION # 53

A licensee is NOT required by Virginia law to keep which of the following records?

- A. Files of insurance applications on current policies issued
- B. Premium quotations of unissued policies
- C. Policy renewal notices
- D. Accounting records of premium payments

Answer: B

Explanation:

Virginia Code § 38.2-1809 mandates that licensees maintain specific records for regulatory oversight and consumer protection.

Option A (accounting records of premium payments) is required to track funds received and remitted, ensuring financial accountability (e.g., premiums collected for a \$1,000 policy). Option B (files of insurance applications on current policies) must be kept as part of the contract and for audit purposes, per

38.2-1810. Option C (policy renewal notices) is required to document communication with policyholders about ongoing coverage, ensuring transparency. Option D (premium quotations of unissued policies) is not mandated; while agents may provide quotes (e.g., \$500 annually for a term policy), these are preliminary offers, not binding until a policy is issued, and Virginia law doesn't require retaining them unless they result in a transaction. The study guide likely details recordkeeping in a compliance chapter, contrasting required records (A, B, C) with optional ones like quotes (D), using examples-e.g., keeping a paid policy's file but not a rejected quote-making D the item not required. This reflects Virginia's focus on executed contracts over prospective ones.

NEW QUESTION # 54

An insured with a long-term care (LTC) policy knowingly and intentionally misrepresented relevant facts relating to the insured's health. How long does an insurer have to contest the coverage?

- A. Any time up to two years
- B. The insurer is prohibited from contesting the coverage
- C. Any time up to six months
- D. Any time during the duration of the policy

Answer: A

Explanation:

Detailed Answer in Step-by-Step Solution:

* The incontestability provision in LTC policies typically limits the insurer's ability to contest coverage based on misrepresentations to two years (B) from issuance, unless fraud is proven (which may extend this in some states).

* Option A (six months) is too short. Option C (entire duration) applies only to fraud in some cases, not standard misrepresentations. Option D (prohibited) is incorrect due to the contestable period.

The Virginia study guide, aligned with NAIC standards, notes a two-year contestable period for health-related policies like LTC, after which misrepresentations cannot be challenged absent fraud. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Incontestability."

NEW QUESTION # 55

Which is true about a joint and survivor annuity?

- A. Each annuitant must provide evidence of insurability.
- B. It is a combination of an annuity and whole life insurance.
- C. The benefits cease when the surviving annuitant reaches life expectancy.
- **D. The benefits are payable throughout the lifetimes of two or more people.**

Answer: D

Explanation:

A joint and survivor annuity, as outlined in Virginia Code § 38.2-3100 et seq., is an annuity contract that pays benefits as long as at least one of the named annuitants (typically two, such as spouses) is alive. Option A accurately reflects this, stating benefits continue throughout their lifetimes, ceasing only upon the last survivor's death. Option B is false because payments aren't tied to life expectancy but to actual survival, per standard annuity terms in the study guide. Option C is incorrect; an annuity provides income, while whole life insurance offers a death benefit-combining them is a different product (e.g., a universal life policy), not a joint and survivor annuity. Option D is wrong because annuities, unlike life insurance, don't typically require evidence of insurability, as they're based on longevity, not mortality risk (Virginia Code § 38.2-3113). The study guide emphasizes the lifetime payment feature as the defining trait, confirming A.

NEW QUESTION # 56

A function performed by both the life insurance agent and the home office underwriter is:

- A. Finding new clients
- B. Collecting premiums
- C. Reviewing a client's coverage periodically
- **D. Evaluating risks**

Answer: D

Explanation:

Virginia Code § 38.2-1800 et seq. outlines roles in life insurance. Agents and underwriters both evaluate risks (option B): agents assess initial client risk (e.g., health questions) for application accuracy, while underwriters analyze it for approval (e.g., medical records). Option A (finding clients) is agent-only; underwriters don't prospect. Option C (collecting premiums) is primarily the agent's task, not underwriting's. Option D (reviewing coverage) is a post-sale service, not a core underwriting function. The study guide likely contrasts roles but notes this shared risk focus-e.g., an agent flags smoking, underwriter rates it-making B the common duty.

NEW QUESTION # 57

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