

# Commonwealth Schools of Insurance

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## INSTRUCTIONS TO COMPLETE THE CONTINUING EDUCATION COURSE

Thank you for choosing the Commonwealth Schools of Insurance to fulfill your continuing education requirements.

Please follow the instructions below to complete the course:

### STEP 1

Once you have read the material, please print the ANSWER SHEET, AFFIDAVIT and QUESTIONS that follow this page. IDOI requires that all continuing education test be proctored by and currently licensed Indiana insurance agent. After printing the ANSWER SHEET, please fill out the requested information clearly and completely.

### STEP 2

TEST QUESTIONS must be answered on the page that follows. You must score 70% or better to receive credit for this course.

### STEP 3

After completing the TEST and STUDENT INFORMATION marked with an "X" on the Affidavit, have the test proctor complete the bottom of the Affidavit. Completed Answer Sheet and Affidavit may be emailed, faxed or mailed to:

<b>Emailed to:</b>	<b><a href="mailto:info@commonwealthschools.com">info@commonwealthschools.com</a></b>
<b>Faxed to:</b>	<b>502.429.0755</b>
<b>Mailed to:</b>	<b>Commonwealth Schools of Insurance, Inc. P O Box 22414 Louisville, KY 40252-0414</b>

Please note that your ANSWER SHEET and AFFIDAVIT will not be processed without payment. Payment arrangements are listed on the ANSWER SHEET.

### **YELLOW CARD SPECIAL**

***Simply complete and return all 24 hours of CE at the same time.  
Regardless of the prices listed, your total charge will be***

***\$99.00***

### NOTICE

***The material contained herein may not be duplicated without the express written permission of Commonwealth Schools of Insurance.***

***The material contained in this course cannot be used as an original source of authority on legal matters. Any references made to laws and regulations in this material have been edited and summarized for clarity; and changes in these laws and regulations may have occurred since this course was published. The reader should always consult legal counsel as appropriate.***

**INDIANA DEPARTMENT OF INSURANCE  
AFFIDAVIT OF PERSONAL RESPONSIBILITY**

*Instructions to Course Provider: This document does not replace Certificate of Completion. The original affidavit is to be returned to you with finished examination and must be retained in your files for seven (7) years.*

I affirm, under penalties of perjury, that I personally completed the entire text of the self-study course(s) listed below. I also affirm, under penalties of perjury, that I completed the exam without assistance from any source. I understand that it is my responsibility to file or maintain my Certificate of Completion as required by the Indiana Department of Insurance.

X \_\_\_\_\_  
AGENT'S SIGNATURE

X \_\_\_\_\_  
DATE

X \_\_\_\_\_  
AGENT'S LICENSE NUMBER

**AFFIDAVIT OF EXAM COMPLETION**

I hereby certify, under penalty of perjury, that I am a duly licensed insurance agent in the State of Indiana and that I administered the **closed book final examination** for the course listed below and that it was completed without assistance or outside help of any kind, including the study material.

Name of Student X \_\_\_\_\_ License Expiration Date X \_\_\_\_\_

Address X \_\_\_\_\_ City/State/Zip X \_\_\_\_\_

Social Security No. X \_\_\_\_\_ Date of Birth X \_\_\_\_\_

Name of Course: Automobile Insurance - 7 hrs - 45380

Name of Course Provider: **Commonwealth Schools of Insurance**

Location Exam was taken \_\_\_\_\_

Date Exam was taken \_\_\_\_\_

\_\_\_\_\_  
\*\*\*Printed Name of Exam Witness

\_\_\_\_\_  
Signature of Exam Witness

\_\_\_\_\_  
\*\*\*License Number of Witness

\_\_\_\_\_  
Business Phone Number of Witness

Witness' Business Mailing Address \_\_\_\_\_

**\*\*\*Your test must be proctored by an actively licensed Indiana Insurance Agent.**

**Please Note: This form must be completed before your course will be graded and submitted to INDOI.**

# Automobile Insurance - Examination

(This course is approved by IDOI for 7 credit hours of continuing education)

PLEASE PRINT CLEARLY

First Name M.I. Last Name IDOI No. or NPN No.

Home Mailing Address City State Zip Code

Business Name

Business Address City State Zip Code

Home Telephone Business Telephone Email Address

Date of Birth: Month \_\_\_\_\_ Year \_\_\_\_\_ FAX No. \_\_\_\_\_

Mail completed forms and payment to:

Commonwealth Schools of Insurance  
P O Box 22414  
Louisville, KY 40252-0414

- |    |  |    |  |    |  |
|----|--|----|--|----|--|
| 1  | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 21 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2  | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 22 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3  | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 13 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 23 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4  | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 24 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 5  | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 25 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 6  | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 16 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |    |  |
| 7  | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 17 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |    |  |
| 8  | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 18 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |    |  |
| 9  | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 19 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |    |  |
| 10 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20 | A B C D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |    |  |

## YELLOW CARD SPECIAL

Simply complete and return all 20 hours of CE at the same time.  
Regardless of the prices listed, your total charge will be \$99.00

CHECKS AND ALL MAJOR CREDIT CARDS ARE ACCEPTED:

COURSE FEE 41.00 or  Check Here for Yellow Card Special

CARD NO. \_\_\_\_\_ EXP DATE \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## Automobile Insurance – Examination

1. Auto insurance is one of the most important insurances that a consumer must think about because in the United States there is a traffic accident every
  - A. 10 minutes
  - B. 2 hours
  - C. 4 minutes
  - D. 3 seconds
  
2. \_\_\_\_\_ pays for a car's damage when an auto accident is caused by a driver who does not have liability insurance.
  - A. Supplemental coverage
  - B. Collision coverage
  - C. Uninsured Motorist coverage
  - D. All of the aforementioned
  
3. All states have
  - A. protection responsibility laws
  - B. financial responsibility laws
  - C. liability responsibility laws
  - D. Injury responsibility laws
  
4. The purpose of \_\_\_\_\_ is to compensate automobile accident victims regardless of who is at fault.
  - A. no-fault insurance
  - B. comprehensive insurance
  - C. medical payment coverage
  - D. supplemental coverage
  
5. \_\_\_\_\_ car insurance coverage policy splits the coverage into property damage coverage and bodily injury coverage.
  - A. A combined limit liability
  - B. A split limit liability
  - C. A dual limit liability
  - D. A tiered limit liability
  
6. When a new insurance contract is considered by the insurance underwriters and issued the first page of the policy is called the
  - A. Endorsements page
  - B. Provisions Page
  - C. Declarations page
  - D. Policy page
  
7. Under newly acquired vehicles the policy provides coverage for a private passenger auto or a pickup or van that has a gross vehicle weight of
  - A. 15,000 lbs. or less
  - B. 5,000 lbs. or less
  - C. 10,000 lbs. or less
  - D. 20,000 lbs. or less
  
8. A time period after the due date that one may pay a premium without penalty that remains in force throughout the duration of the policy is referred to as the
  - A. Acquired Period
  - B. Insured Period
  - C. Policy Period
  - D. Grace Period

9. \_\_\_\_\_ states and Puerto Rico recognize “no-fault” insurance.
- A. 20  
B. 12
- C. 14  
D. 42
10. Everyone who drives a vehicle needs
- A. Bodily Injury Liability Insurance  
B. Property Liability Insurance
- C. Uninsured Liability Insurance  
D. All of the aforementioned
11. \_\_\_\_\_ is also known as collision and/or comprehensive
- A. Coverage G  
B. Coverage D
- C. Coverage E  
D. Coverage F
12. Under the main insuring agreement for physical damage coverage, is included coverage for
- A. “owned autos”  
B. “pre-owned autos”
- C. “non-owned autos”  
D. “dual-owned autos”
13. \_\_\_\_\_ says that the insurance will not directly or indirectly benefit any carrier or other bailee for hire.
- A. The Limits of Liability clause  
B. The Payment of Loss clause
- C. The Appraisal clause  
D. The No Benefit to Bailee clause
14. Uninsured motorist insurance is now included in almost all automobile insurance policies and is
- A. a second-party accident insurance.  
B. a third-party accident insurance.
- C. a first-party accident insurance.  
D. a mandatory accident insurance.
15. Policy Part C – Uninsured Motorists Coverage existed since the \_\_\_\_\_ and was designed primarily to cover injuries to the insured and family members when struck by a driver that did not have insurance.
- A. 1950s  
B. 1960s
- C. 1970s  
D. 1980s
16. The “limit of liability” clause attempts to make it clear that this is the insurer’s maximum limit per person and per accident. Some states do allow the
- A. “stacking” of limits  
B. “tiering” of limits
- C. “dividing” of limits  
D. “multiply” of limits
17. \_\_\_\_\_ insurance can provide valuable protection during the early years of your car’s life if the vehicle owner has a loan or lease
- A. PD  
B. GAP
- C. FPB  
D. NAIC

18. \_\_\_\_\_ are optional provisions that the insured can add to an auto insurance policy to expand his or her coverage.
- A. Benefits  
B. Provisions  
C. Endorsements  
D. Limits
19. Safe Vehicle Discount is the discount received by an individual who is eligible for a discount of up to \_\_\_\_\_ if he or she does not drive a high-performance automobile and is insuring an automobile that according to statistics is in the safest range.
- A. 20%  
B. 10%  
C. 30%  
D. 15%
20. \_\_\_\_\_ of an automobile insurance policy results in the loss of your coverage.
- A. Non-renewal  
B. Cancellation  
C. Endorsement  
D. Legislation
21. Auto liability coverage is mandatory in \_\_\_\_\_
- A. 37 states  
B. 47 states  
C. 27 states  
D. 17 states
22. Misrepresenting facts on insurance applications and inflating insurance claims cost Americans \_\_\_\_\_  
In additional premiums each year.
- A. \$50-\$75  
B. \$200-\$300  
C. \$100-\$200  
D. \$400-\$500
23. \_\_\_\_\_ occurs when someone deliberately plans or invents a loss, such as a collision, auto theft, or fire that is covered by their insurance policy in order to receive payment for damages that may or may not be real.
- A. Auto Fraud  
B. Third Party Fraud  
C. Soft Fraud  
D. Hard Fraud
24. \_\_\_\_\_ refers to incidents when an individual is the owner of a vehicle needing extensive repairs oftentimes perpetrate the 30-day Special Scam reporting the vehicle stolen and hide it for 30 days – just long enough for the insurance company to settle the claim.
- A. 45-Day Special Fraud  
B. Special Scam Fraud  
C. 30-Day Special Fraud  
D. Stolen Vehicle Fraud
25. In one state, approximately \_\_\_\_\_ of all suspected fraudulent automobile insurance claims are from one county.
- A. 25%  
B. 45%  
C. 35%  
D. 65%