CERTIFIED INSURANCE SERVICE REPRESENTATIVE (CISR) COMMERCIAL CASUALTY I PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

• Practice answering questions under realistic conditions,

• Improve accuracy and speed,

• Review explanations to strengthen weak areas, and

• Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. **Which term covers injury, including bodily injury, arising out of one or more intentional torts?**

   A. Slander

   B. Personal and Advertising Injury

   C. Pollutant

   D. Property Damage

2. **Which term describes a situation where an employee sues a third party who is indemnified by the employer?**

   A. Vicarious Liability

   B. Statutes

   C. Subrogation

   D. Third-party Action-over Claim

3. **If a third party sues the insured for misrepresentation in advertising, which CGL coverage would respond?**

   A. Coverage A

   B. Coverage B Personal and Advertising Injury

   C. Coverage C Medical Payments

   D. Supplementary Payments

4. **How is an Additional Insured typically added to a CGL policy?**

   A. A policy rider that cancels coverage.

   B. A separate policy from a different insurer.

   C. A person or organization added to the policy by endorsement to receive protection for specified acts or relationships, typically via ISO forms.

   D. The claims handler of the insurer.

5. **Which statement best defines Bodily Injury as used in CGL Coverage A?**

   A. Physical injury to intangible property.

   B. Physical injury, sickness, or disease to a person, including death that results therefrom.

   C. Financial loss due to contract breach.

   D. Injury to property only.

6. What is the purpose of a Certificate of Insurance showing Additional Insured status?

A. It changes who is covered under the policy

B. It provides evidence that the additional insured exists and that coverage is in force; it does not create or modify coverage

C. It increases defense obligation

D. It shortens policy period

7. Which endorsement would typically be used to automatically extend coverage to a newly acquired organization for a defined period?

A. Additional Insured

B. Primary & Noncontributory

C. Waiver of Subrogation

D. Newly Acquired Organizations

8. In risk transfer, waiving subrogation rights helps avoid conflicts between which parties?

A. Insurer and Insured

B. Producer and Distributor

C. Lender and Borrower

D. Government and Citizen

9. 'Additional insured' and how is it typically added?

A. A person automatically covered without endorsement.

B. A third party protected by the insured's policy, added by endorsement or contract requiring coverage.

C. The insured's relatives.

D. The insurer's employees.

10. Compensatory Damages are divided into which two types?

A. Economic damages and non-economic damages

B. Nominal damages

C. Special damages and general damages

D. Direct damages and indirect damages

Answers

1. B
2. D
3. B
4. C
5. B
6. B
7. D
8. A
9. B
10. C

Explanations

1. Which term covers injury, including bodily injury, arising out of one or more intentional torts?

A. Slander

B. Personal and Advertising Injury

C. Pollutant

D. Property Damage

Personal and Advertising Injury is the coverage that handles non-physical harm tied to the insured's statements or advertising, including bodily injury when it stems from offenses like defamation or misrepresentation related to advertising or business operations. Defamation such as slander is a classic example of an offense that can be covered under this category, and the phrase includes injury that can be linked to these intentional tort-like actions. The other terms refer to different types of damage—slander is a specific offense, pollutant points to environmental contamination, and property damage to physical harm to property—so they don't describe the broad coverage for injuries arising from intentional torts in the advertising/office context.

2. Which term describes a situation where an employee sues a third party who is indemnified by the employer?

A. Vicarious Liability

B. Statutes

C. Subrogation

D. Third-party Action-over Claim

When a claim pits an employee against a third party who is protected by indemnity from the employer, that situation is described as a third-party action-over claim. The idea is that the insured (the employer) has an indemnity arrangement with the third party, and the employee's suit against that third party sets up a secondary action where the employer may pursue reimbursement from the third party for any indemnified losses or defense costs. This is distinct from vicarious liability (the employer being liable for the employee's actions) and from subrogation (the insurer stepping into the insured's rights after paying a claim). The term "action-over" captures the chain where the third party, indemnified by the employer, can be pursued for indemnity after the initial claim arises.

3. If a third party sues the insured for misrepresentation in advertising, which CGL coverage would respond?

A. Coverage A

B. Coverage B Personal and Advertising Injury

C. Coverage C Medical Payments

D. Supplementary Payments

Advertising misrepresentation falls under the personal and advertising injury protection. This part of a CGL policy covers claims that arise from the insured's advertising activities, including false or misleading statements about the insured's own goods, services, or those of others. When a third party sues the insured for misrepresenting in advertising, the allegation fits the kind of harm that Coverage B is designed to address, since the harm is tied to the insured's advertising. Think of it this way: Coverage A handles bodily injury and property damage, which isn't at issue in a misrepresentation claim. Coverage C covers medical payments for injuries, not advertising claims. Supplementary Payments are about advancing defense costs and related expenses, not providing the primary liability protection for advertising injuries. Since the claim concerns misleading or false statements in advertising, Coverage B is the appropriate response.

4. How is an Additional Insured typically added to a CGL policy?

A. A policy rider that cancels coverage.

B. A separate policy from a different insurer.

C. A person or organization added to the policy by endorsement to receive protection for specified acts or relationships, typically via ISO forms.

D. The claims handler of the insurer.

Adding an Additional Insured to a CGL policy is done by endorsement attached to the policy, typically using an ISO form. This endorsement names a third party—often a project owner or another contractor—and extends the named insured's liability protection to that party for claims arising from the named insured's operations or, depending on the form, completed operations. It's a way to transfer risk contractually, not a separate policy or a cancellation mechanism. A certificate of insurance may show that the coverage exists, but the actual protection comes from the endorsement itself. The other options don't fit because they describe mechanisms that don't create this coverage extension: a rider that cancels coverage isn't how additional insured status is granted; a separate policy would duplicate coverage rather than extend it; and the claims handler is simply part of the insurer, not how coverage is provided.

5. Which statement best defines Bodily Injury as used in CGL Coverage A?

A. Physical injury to intangible property.

B. Physical injury, sickness, or disease to a person, including death that results therefrom.

C. Financial loss due to contract breach.

D. Injury to property only.

Bodily Injury in CGL Coverage A means physical harm to a person, including sickness or disease, and it also includes death that results from that harm. This definition focuses on the body of a living person, not on property or financial losses. The statement that describes physical injury, sickness, or disease to a person, including death that results therefrom, best captures that scope. The other options refer to damage to property, purely financial losses, or intangible property, which are not Bodily Injury.

6. What is the purpose of a Certificate of Insurance showing Additional Insured status?

A. It changes who is covered under the policy

B. It provides evidence that the additional insured exists and that coverage is in force; it does not create or modify coverage

C. It increases defense obligation

D. It shortens policy period

A Certificate of Insurance showing Additional Insured status is a proof document. It confirms that the insured has active coverage and, because of a contract, another party is listed as an additional insured on that policy. The key point is that the certificate provides evidence of coverage and the existence of the additional insured, not a change to what the policy covers or how it works. The actual terms, limits, exclusions, and who must defend whom come from the policy language and endorsements, not from the certificate itself. So the certificate helps the other party verify compliance with contract insurance requirements, while the policy remains the source of coverage. It doesn't create or broaden coverage, it doesn't alter defense obligations by itself, and it doesn't shorten the policy period.

7. Which endorsement would typically be used to automatically extend coverage to a newly acquired organization for a defined period?

A. Additional Insured

B. Primary & Noncontributory

C. Waiver of Subrogation

D. Newly Acquired Organizations

The idea being tested is how coverage can be automatically extended when you acquire a new organization. The Newly Acquired Organizations endorsement is specifically designed for this situation. It provides automatic liability (and sometimes other coverages) to a newly acquired entity for a defined period—often 30 to 90 days—so there's no gap while you decide whether to add the acquired organization to the policy or adjust terms. This gives you breathing room to complete the ownership change, run the entity under the existing policy framework, and then formalize long-term coverage. Other endorsements serve different purposes. An Additional Insured endorsement adds coverage for another party under your policy, not for extending your coverage to an acquired entity. A Primary & Noncontributory clause ensures your policy remains primary and does not share the burden with other insurers on a given project, which isn't the automatic extension of coverage for a new acquisition. A Waiver of Subrogation prevents your insurer from pursuing recovery from a third party after a loss, which again is a separate contract term and not about extending coverage to a newly acquired organization.

8. In risk transfer, waiving subrogation rights helps avoid conflicts between which parties?

A. Insurer and Insured

B. Producer and Distributor

C. Lender and Borrower

D. Government and Citizen

Waiving subrogation rights prevents the insurer from going after the insured to recover claim costs, so it keeps the insurer and the insured from clashing over who caused the loss. Subrogation lets the insurer step into the insured's shoes to pursue the at-fault party after paying a claim. When that right is waived, the insurer won't seek reimbursement from the insured, which preserves a cooperative relationship and avoids disputes about fault or responsibility between the two parties. This is why the insurer and the insured are the primary pair affected by a subrogation waiver in risk transfer.

9. 'Additional insured' and how is it typically added?

A. A person automatically covered without endorsement.

B. A third party protected by the insured's policy, added by endorsement or contract requiring coverage.

C. The insured's relatives.

D. The insurer's employees.

An additional insured status means another party is protected under the insured's liability policy. This protection isn't automatic; it's added through an endorsement to the policy or via a contract that requires coverage. The typical scenario is a third party, such as a client or project owner, who wants to be covered for liability arising from the named insured's operations. The endorsement extends the policy to defend and pay claims for that third party under the terms specified (scope, duration, and limits). The other options aren't standard ways to obtain this protection—relatives aren't automatically covered, and the insurer's employees aren't added as insureds this way, while endorsements or contract requirements are the correct mechanism.

10. Compensatory Damages are divided into which two types?

A. Economic damages and non-economic damages

B. Nominal damages

C. Special damages and general damages

D. Direct damages and indirect damages

Compensatory damages are meant to reimburse for actual losses from a wrongful act, and they're categorized into two kinds: general damages and special damages. General damages cover non-economic harms that aren't easily measurable, such as pain and suffering, emotional distress, and loss of enjoyment of life. Special damages cover economic losses that are concrete and can be documented—medical expenses, hospital bills, rehabilitation costs, and lost wages or future earnings. This distinction matters because it separates intangible harms from tangible financial costs, ensuring both types of impact are compensated. The other terms don't fit this two-category structure: nominal damages are a minimal award when no actual loss is proven, and direct/indirect or economic/non-economic terms describe different concepts or pairings rather than the standard two-category split used here.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://cisrcommercialcasualty1.examzify.com

We wish you the very best on your exam journey. You've got this!