

CII London Market (LM2) - Insurance Principles and Practices Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. If a long-standing member of Lloyd's wrote £8m in premiums in 2022, what would its contribution to the Central Fund be?**
 - A. £28,800**
 - B. £40,000**
 - C. £20,000**
 - D. £30,000**
- 2. What are "general conditions" in insurance contracts?**
 - A. Specific rules unique to each policy**
 - B. Standard clauses that apply to all policies within a certain category**
 - C. Conditions required for claiming benefits**
 - D. Terms that only affect life insurance policies**
- 3. What does the 'claims handling process' include?**
 - A. The method of creating new insurance policies**
 - B. Steps undertaken to investigate, assess, and settle claims made by policyholders**
 - C. The process of underwriting new clients**
 - D. Strategies for marketing insurance products**
- 4. What motivates individuals to commit insurance fraud?**
 - A. Genuine misunderstandings**
 - B. Desire for extra benefits without entitlement**
 - C. To improve insurance policies**
 - D. To ensure higher premiums**
- 5. Which term describes the financial loss covered by the insurer?**
 - A. Eligible loss**
 - B. Indemnitee loss**
 - C. Covered loss**
 - D. Reinsurable loss**

6. Define "proportional reinsurance" in insurance terms.

- A. Where the reinsurer pays claims above a certain limit**
- B. Where the reinsurer receives and pays a proportion of premiums and claims**
- C. Reinsurance agreements made only with foreign insurers**
- D. Insurance policies that cover specific types of losses**

7. What does a broker do in the context of a lineslip?

- A. Conducts all underwriting**
- B. Pre-arranges acceptance of risk with underwriters**
- C. Settles claims on behalf of policyholders**
- D. Determines the market rate for premiums**

8. What does the concept of indemnity aim to achieve?

- A. To ensure a profit for the insured**
- B. To minimize administrative costs**
- C. To restore the insured to the same financial position after a loss**
- D. To provide legal assistance in claims**

9. What is 'excess' in insurance terms?

- A. The total claim amount paid**
- B. The amount a policyholder agrees to pay before a claim is settled**
- C. The limit to the insurer's liability on a claim**
- D. The duration of the policy**

10. What are 'policy endorsements'?

- A. New policies issued for different types of coverage**
- B. Modifications or additions to an insurance policy that change the coverage terms**
- C. Standard clauses in every insurance policy**
- D. Legal documents required for policy renewals**

Answers

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

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Explanations

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1. If a long-standing member of Lloyd's wrote £8m in premiums in 2022, what would its contribution to the Central Fund be?

- A. £28,800**
- B. £40,000**
- C. £20,000**
- D. £30,000**

To determine the correct contribution that a long-standing member of Lloyd's would make to the Central Fund based on the premiums written, it's essential to understand the structure of the Central Fund and the contribution guidelines. For Lloyd's, members are required to contribute a certain percentage of the premiums they wrote, which helps to maintain the Central Fund that supports the overall market and assists in meeting obligations to policyholders, especially in times of insolvency or market distress.

Typically, the contribution is calculated as a fixed percentage of the written premiums. In recent guidelines, this percentage is set around 0.36% of the premium income. For premiums amounting to £8 million, the calculation for the Central Fund contribution is as follows: $£8,000,000 \times 0.0036 = £28,800$ This computation provides the accurate contribution amount that the long-standing member would need to make to the Central Fund based on the premiums reported for the year 2022. Thus, the contribution of £28,800 aligns with the established guidelines, making it the correct answer.

2. What are "general conditions" in insurance contracts?

- A. Specific rules unique to each policy**
- B. Standard clauses that apply to all policies within a certain category**
- C. Conditions required for claiming benefits**
- D. Terms that only affect life insurance policies**

The concept of "general conditions" in insurance contracts refers to standard clauses that apply across a range of policies, typically within a certain category. These clauses outline the basic rights and obligations of both the insurer and the insured, providing a foundational framework for the contract. By establishing these standard terms, insurers can ensure consistency and clarity across their policies, making them easier to understand and administer. For instance, general conditions might cover aspects such as the insurer's duty to provide coverage, the rights of the policyholder, the procedure for making claims, and the insurer's obligations in the event of a loss. This uniformity helps streamline processes and sets expectations for all parties involved, enhancing the overall effectiveness of the insurance agreement. In contrast, specific rules unique to each policy would not fall under general conditions since they pertain only to that particular contract rather than a broader category. Conditions required for claiming benefits focus on the claims process specifically, while terms affecting only life insurance policies are too narrow to encapsulate the broader implications of general conditions across various types of insurance contracts.

3. What does the 'claims handling process' include?

- A. The method of creating new insurance policies**
- B. Steps undertaken to investigate, assess, and settle claims made by policyholders**
- C. The process of underwriting new clients**
- D. Strategies for marketing insurance products**

The claims handling process encompasses the systematic procedures involved in managing claims from the moment they are reported by policyholders through to their resolution. This includes several critical steps such as investigating the claim to ascertain its validity, assessing the details and circumstances surrounding the claim, and determining the appropriate settlements based on the findings. This process is crucial because it ensures that insured parties receive fair treatment and that claims are settled in accordance with the terms of the insurance policy. It also includes handling disputes and providing ongoing communication to the claimant, which contributes to customer satisfaction and trust in the insurance provider. Therefore, understanding the process of investigating, assessing, and settling claims is fundamental to the effective management of an insurance company's obligations to its clients.

4. What motivates individuals to commit insurance fraud?

- A. Genuine misunderstandings**
- B. Desire for extra benefits without entitlement**
- C. To improve insurance policies**
- D. To ensure higher premiums**

The motivation behind individuals committing insurance fraud often stems from a desire for extra benefits without entitlement. This encompasses actions where individuals intentionally misrepresent facts or circumstances to gain a financial advantage that is not rightfully theirs. For example, someone may exaggerate a loss or make false claims, driven by the belief that they deserve more than they are entitled to under their policy. This pursuit of obtaining additional money or benefits without having a legitimate claim is a key reason for the occurrence of insurance fraud. Genuine misunderstandings, while they may sometimes lead to disputes or claims, do not typically result in the intentional deceit that characterizes fraud. Improving insurance policies is not a motivating factor for committing fraud; rather, it is something that the insurance industry continuously strives to achieve. Higher premiums are a consequence that results from fraud's impact on the industry, not a motivation for individuals to commit such acts.

5. Which term describes the financial loss covered by the insurer?

- A. Eligible loss**
- B. Indemnitee loss**
- C. Covered loss**
- D. Reinsurable loss**

The term that accurately describes the financial loss covered by the insurer is "covered loss." This term is commonly used in insurance policies to identify the types of losses that the insurer agrees to indemnify under the terms of the contract. Covered losses are specifically defined within the policy wording and can include various forms of damage, liability, loss of income, or other financial impacts depending on the coverage provided. In the context of insurance, understanding what constitutes a covered loss is crucial for policyholders, as it directly relates to the scope of protection they receive. When a policyholder experiences a loss, they must reference their policy to determine whether the loss falls under the agreed-upon coverage. The other terms do not accurately represent this concept. For instance, "eligible loss" is ambiguous and does not specifically indicate what is covered by the insurance policy. "Indemnitee loss" might suggest losses pertaining to the parties involved in the indemnification process, rather than the coverage itself. Similarly, "reinsurable loss" refers to losses that can be passed to a reinsurer rather than loss types covered under a direct insurance policy. Therefore, "covered loss" is the most precise term in this context.

6. Define "proportional reinsurance" in insurance terms.

- A. Where the reinsurer pays claims above a certain limit**
- B. Where the reinsurer receives and pays a proportion of premiums and claims**
- C. Reinsurance agreements made only with foreign insurers**
- D. Insurance policies that cover specific types of losses**

Proportional reinsurance is defined as an arrangement where the reinsurer shares a portion of both the premiums and the claims with the ceding insurer. This means that both the risks and rewards of the insurance portfolio are distributed between the primary insurer and the reinsurer in proportion to the agreed terms of the reinsurance contract. The reinsurer takes on a specified percentage of the risk, and in return, it receives a corresponding percentage of the premiums collected by the ceding insurer. In this setup, when claims occur, the reinsurer is obligated to pay their share of those claims based on the same percentage. This type of reinsurance is beneficial because it allows the ceding insurer to manage its risk exposure while providing the reinsurer with a steady stream of premium income in exchange for taking on part of the underwriting risk. Understanding this concept is crucial as it highlights the collaborative nature of risk management between insurers and reinsurers, which is a fundamental aspect of the insurance industry.

7. What does a broker do in the context of a lineslip?

- A. Conducts all underwriting**
- B. Pre-arranges acceptance of risk with underwriters**
- C. Settles claims on behalf of policyholders**
- D. Determines the market rate for premiums**

In the context of a lineslip, a broker plays a crucial role in pre-arranging the acceptance of risks with underwriters. A lineslip is a type of insurance contract where multiple underwriters agree to share the risks involved in a particular insurance placement, often for specific classes of business. The broker facilitates this process by negotiating terms and conditions beforehand, ensuring that underwriters are onboard with the risks that will be included in the lineslip. By securing the acceptance of risk in advance, the broker streamlines the placement of business, allowing for a more efficient transaction where the various underwriting syndicates can participate without the need for individual negotiations on each risk. In contrast, conducting all underwriting would imply that the broker assumes the role of the underwriter, which is not accurate since brokers simply act as intermediaries. Similarly, settling claims is typically a function of insurers or claims adjusters rather than brokers, who are more focused on securing coverage. Lastly, while brokers may play a role in supporting clients with market insights, determining the market rate for premiums is primarily the responsibility of insurers based on their underwriting guidelines and market conditions, not the broker.

8. What does the concept of indemnity aim to achieve?

- A. To ensure a profit for the insured**
- B. To minimize administrative costs**
- C. To restore the insured to the same financial position after a loss**
- D. To provide legal assistance in claims**

The concept of indemnity is foundational in insurance, primarily aiming to restore the insured to the same financial position they occupied immediately before the loss occurred. This principle ensures that the insured is compensated for their loss, but not in a manner that allows them to profit from their insurance coverage. Instead, indemnity serves to prevent the insured from suffering a financial setback due to unforeseen events, thereby ensuring fairness and preventing moral hazard—whereby individuals might take unnecessary risks if they could benefit financially from a loss. The focus on restoring the insured's pre-loss position distinguishes indemnity from other objectives. It reinforces the idea that insurance is there to provide protection against loss rather than a financial windfall. This principle also establishes the limits of compensation, ensuring that claims are just and proportionate to the actual loss experienced.

9. What is 'excess' in insurance terms?

- A. The total claim amount paid
- B. The amount a policyholder agrees to pay before a claim is settled**
- C. The limit to the insurer's liability on a claim
- D. The duration of the policy

In insurance terms, 'excess' refers specifically to the amount that a policyholder must pay out of pocket before their insurance coverage kicks in to cover the remainder of a claim. This is a common feature in many types of insurance policies, including property, auto, and health insurance. By requiring the policyholder to bear a portion of each claim, insurers can help prevent minor claims and encourage responsible use of coverage. The excess amount can vary depending on the policy and the terms agreed upon at the time of purchase, and it serves a dual purpose: it reduces the insurer's exposure to small claims and often results in a lower premium for the policyholder. Understanding excess is crucial for policyholders as it directly affects how much financial responsibility they bear in the event of a loss.

10. What are 'policy endorsements'?

- A. New policies issued for different types of coverage
- B. Modifications or additions to an insurance policy that change the coverage terms**
- C. Standard clauses in every insurance policy
- D. Legal documents required for policy renewals

Policy endorsements refer to modifications or additions made to an existing insurance policy that change its coverage terms. These endorsements can either enhance the coverage, restrict it, or clarify the provisions of the original policy. For instance, an endorsement might add coverage for specific risks that were not included in the original policy or adjust the benefits provided. Understanding endorsements is crucial because they allow for flexibility in the policy to meet the insured's evolving needs without the need to draft an entirely new policy. They are formalized in writing and become part of the policy contract once added, ensuring that both the insurer and the insured are aligned on the terms of coverage. Other provided options do not accurately define policy endorsements. New policies for different types of coverage represent a separate contract rather than alterations to an existing policy. Standard clauses are inherent parts of policies, not additions that modify them. Legal documents for renewals relate to the upkeep of coverage but do not change the terms of the existing policy.

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://ciilm2insuranceprinciples.examzify.com>

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

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