

Connecticut WC Insurance School Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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. What is the purpose of maintaining accurate claim reserves?**
 - A. To lower employee contributions**
 - B. To meet state law requirements**
 - C. To ensure adequate funding for future claims**
 - D. To enhance company profitability**
- 2. What will the basis of Veronica's TTD benefit calculation be?**
 - A. Her wage earned prior to the injury for the last 26 weeks.**
 - B. Her wage earned prior to the injury for the last 52 weeks.**
 - C. Her wage earned prior to the injury for the last 40 weeks.**
 - D. Her estimated future earnings.**
- 3. What type of insurance organization is defined as private, unincorporated mutual insurers that share risks among their members?**
 - A. Stock companies**
 - B. Reciprocal exchanges**
 - C. Fraternal benefit societies**
 - D. Cooperatives**
- 4. What is the primary purpose of workers' compensation insurance?**
 - A. To provide comprehensive health care coverage**
 - B. To financially protect employers against lawsuits**
 - C. To ensure employees receive compensation for work-related injuries**
 - D. To cover any type of employee injury**
- 5. What is another term for "Transfer of Rights of Recovery Against Others to Us" found in many insurance policies?**
 - A. Subrogation.**
 - B. Deductible.**
 - C. Liability coverage.**
 - D. Risk pooling.**

- 6. Licensees must notify the Commissioner of any change in business or residence address within how many days of the change?**
- A. 10 days**
 - B. 30 days**
 - C. 60 days**
 - D. 90 days**
- 7. When can an injured worker in Connecticut change their treating physician?**
- A. Only during the first month of treatment.**
 - B. After being cleared by their initial physician.**
 - C. After their first treatment visit.**
 - D. At any time, as long as they notify the employer.**
- 8. Which organization is responsible for overseeing paid claims from admitted insolvent insurers?**
- A. Insurance Fraud Bureau**
 - B. Consumer Financial Protection Bureau**
 - C. Insurance Guaranty Association**
 - D. National Association of Insurance Commissioners**
- 9. If a plaintiff is found 15% negligent in a comparative negligence system, what will happen to their damage award?**
- A. Will not be awarded**
 - B. Will be paid in full**
 - C. Will be reduced by 15%**
 - D. Will be reduced by 85%**
- 10. What is the insurance license issued by a state insurance department known as?**
- A. A certificate of registration**
 - B. A certificate of authority**
 - C. A license of compliance**
 - D. An insurance bond**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the purpose of maintaining accurate claim reserves?

A. To lower employee contributions

B. To meet state law requirements

C. To ensure adequate funding for future claims

D. To enhance company profitability

Maintaining accurate claim reserves is essential for ensuring that there is adequate funding for future claims. Claim reserves represent the estimated amount that an insurer will need to pay out on claims that have been reported but not yet settled, as well as claims that may arise in the future from incidents that have already occurred. By accurately assessing and setting these reserves, an insurance company can guarantee that it has sufficient funds available when it is time to pay claims. This practice is crucial for the financial stability of the insurer and protects the policyholders by ensuring that claims can be fulfilled promptly and completely. Inadequate reserves can lead to significant problems, including the risk of insolvency for the insurer if claims exceed the estimated reserves, thereby jeopardizing the financial interests of both the company and its policyholders. This necessity to maintain proper reserves directly ties into the company's ability to manage risk and fulfill its obligations, ultimately supporting the integrity and reliability of the insurance system as a whole.

2. What will the basis of Veronica's TTD benefit calculation be?

A. Her wage earned prior to the injury for the last 26 weeks.

B. Her wage earned prior to the injury for the last 52 weeks.

C. Her wage earned prior to the injury for the last 40 weeks.

D. Her estimated future earnings.

In Connecticut, the Temporary Total Disability (TTD) benefit calculation is primarily based on the average weekly wage (AWW) that the employee earned before the injury. This average is determined using the highest earnings over a specific period leading up to the injury. The correct choice implies that the calculation will consider Veronica's wages over the last 52 weeks. This period is significant because it can better represent her earning capacity and provide a more accurate assessment of her financial situation prior to the injury. Utilizing a full year allows for fluctuations in earnings and captures seasonal variations in work hours or pay, ensuring that the TTD benefit reflects a realistic and fair compensation for the lost income due to the injury. Using a shorter timeframe, such as 26 weeks or 40 weeks, might not sufficiently account for any variations in Veronica's income, or could artificially inflate or deflate her average wage for the purpose of calculating benefits. Estimating future earnings would also not be appropriate, as TTD is calculated based on actual earnings prior to the injury rather than projections or assumptions about future income. Hence, determining TTD benefits based on wages from the last 52 weeks provides the most accurate basis for compensation during the recovery period.

3. What type of insurance organization is defined as private, unincorporated mutual insurers that share risks among their members?

- A. Stock companies**
- B. Reciprocal exchanges**
- C. Fraternal benefit societies**
- D. Cooperatives**

The correct answer is reciprocal exchanges. These organizations are unique in that they consist of a group of individuals or entities that come together to share risks among themselves. In essence, reciprocal exchanges operate on a model where each member agrees to provide coverage for one another, thus mutualizing the risk. This structure allows members to pool their resources, enhancing their collective ability to absorb potential losses. Reciprocal exchanges are typically organized as unincorporated associations, which differentiates them from stock companies that are organized for profit and owned by shareholders. Unlike fraternal benefit societies, which often focus on providing benefits to members based on shared affiliations or community, reciprocal exchanges are motivated primarily by the need to manage and share risk effectively among members. Additionally, cooperatives generally function in various sectors, not specifically limited to insurance, and are structured to benefit their members in a broader context beyond risk sharing. In summary, the essence of reciprocal exchanges lies in their mutual nature, where participants share in both the risks and benefits, leading to a collaborative environment for managing insurance coverage.

4. What is the primary purpose of workers' compensation insurance?

- A. To provide comprehensive health care coverage**
- B. To financially protect employers against lawsuits**
- C. To ensure employees receive compensation for work-related injuries**
- D. To cover any type of employee injury**

The primary purpose of workers' compensation insurance is to ensure that employees receive compensation for work-related injuries. This system is designed to provide financial support to workers who are injured on the job, covering medical expenses, rehabilitation costs, and a portion of lost wages due to time off work. By guaranteeing that employees can receive these benefits, workers' compensation helps to protect their rights and welfare, ensuring they have access to necessary care and financial relief in the event of an injury. This focus on providing compensation for work-related injuries distinguishes workers' compensation from other types of insurance, such as comprehensive health care coverage, which may not specifically address workplace injuries. Additionally, while workers' compensation does offer some level of protection against lawsuits for employers, its core mission is to guarantee employees are taken care of following work-related incidents. Lastly, covering any type of employee injury is broader than the intended scope of the program, as workers' compensation specifically pertains to incidents occurring in the context of employment.

5. What is another term for "Transfer of Rights of Recovery Against Others to Us" found in many insurance policies?

A. Subrogation.

B. Deductible.

C. Liability coverage.

D. Risk pooling.

The term "Transfer of Rights of Recovery Against Others to Us" refers to the legal principle where an insurance company can pursue recovery from third parties who may be responsible for a loss or claim after they have compensated the insured. This process is known as subrogation. Subrogation allows the insurer to step into the insured's shoes and seek reimbursement from the party at fault, ensuring that the insurer can recoup losses that should be covered by another party's liability. This mechanism helps to maintain the integrity of the insurance system, as it prevents the insured from receiving a double recovery for the same loss—once from the insurer and potentially again from the third party. This process is an essential component of insurance policies because it enables insurers to manage risk and control costs. By recovering funds from at-fault parties, insurance companies can keep premiums lower for policyholders. On the other hand, the other terms listed do not encapsulate the same principle. A deductible involves the amount a policyholder must pay out of pocket before insurance coverage kicks in, liability coverage refers to the protection against claims resulting from injuries and damage to other people or property, and risk pooling is the practice of spreading risk among multiple parties to lessen the impact of loss. None of these concepts

6. Licensees must notify the Commissioner of any change in business or residence address within how many days of the change?

A. 10 days

B. 30 days

C. 60 days

D. 90 days

Licensees are required to notify the Commissioner of any change in their business or residence address within 30 days of the change. This timeline is established to ensure that the regulatory body has up-to-date contact information for licensees, facilitating effective communication and oversight. Keeping current records is essential for the integrity of the licensing process and helps in maintaining compliance with regulatory standards. In the context of this question, the 30-day requirement reflects a balance between the need for timely reporting and the practicality of allowing licensees some time to inform the Commissioner after a change occurs. This rule is significant as it helps prevent lapses in communication that could affect the status and regulation of the license.

7. When can an injured worker in Connecticut change their treating physician?

- A. Only during the first month of treatment.**
- B. After being cleared by their initial physician.**
- C. After their first treatment visit.**
- D. At any time, as long as they notify the employer.**

In Connecticut, an injured worker has the ability to change their treating physician after their first treatment visit. This allows the worker to seek care from a provider they feel is best suited to address their injury and facilitate their recovery. The rationale behind this option is that after the initial consultation, a worker might realize that the treatment provided does not meet their expectations or needs. This flexibility is important in ensuring that the injured worker feels comfortable and confident in their medical care, which can positively impact their recovery process. Other options may imply restrictions that do not align with the regulations regarding physician changes. For instance, suggesting that a change can only occur during the first month of treatment limits the worker's ability to find an appropriate physician beyond that timeframe, while stating that approval is required from the initial physician may create unnecessary barriers to receiving optimal care. Understanding this aspect of worker's compensation can empower injured workers to advocate for their health more effectively.

8. Which organization is responsible for overseeing paid claims from admitted insolvent insurers?

- A. Insurance Fraud Bureau**
- B. Consumer Financial Protection Bureau**
- C. Insurance Guaranty Association**
- D. National Association of Insurance Commissioners**

The organization responsible for overseeing paid claims from admitted insolvent insurers is the Insurance Guaranty Association. This association is designed to protect policyholders in the event that an insurance company becomes insolvent and cannot fulfill its financial obligations. When an admitted insurer fails, the Insurance Guaranty Association steps in to ensure that claims are paid up to the statutory limits set by state law. This helps maintain public confidence in the insurance system by ensuring that policyholders are not left without coverage in times of need, despite their insurer's financial difficulties. The other organizations listed have different roles. The Insurance Fraud Bureau focuses on investigating and preventing insurance fraud, the Consumer Financial Protection Bureau deals with consumer protection in financial products and services, and the National Association of Insurance Commissioners serves as an organization for state insurance regulators to coordinate and develop best practices but does not handle claims related to insolvency directly.

9. If a plaintiff is found 15% negligent in a comparative negligence system, what will happen to their damage award?

- A. Will not be awarded**
- B. Will be paid in full**
- C. Will be reduced by 15%**
- D. Will be reduced by 85%**

In a comparative negligence system, when a plaintiff is found to be partially at fault for their own injuries, their damage award is reduced by their percentage of fault. This approach allows for a more equitable distribution of liability between parties involved in an accident or injury claim. If a plaintiff is determined to be 15% negligent, it means that they are responsible for 15% of the circumstances that led to their injury. Therefore, their total damage award will be decreased by that same percentage, meaning they will only receive 85% of the original damage amount. This approach acknowledges that their own negligence contributed to the harm suffered, and the award is adjusted accordingly to reflect that contribution to the incident. The other options do not align with the principles of comparative negligence, as they either suggest that the plaintiff would not receive any damages or that their damages would be unaffected by their own negligence.

10. What is the insurance license issued by a state insurance department known as?

- A. A certificate of registration**
- B. A certificate of authority**
- C. A license of compliance**
- D. An insurance bond**

The correct answer is that the insurance license issued by a state insurance department is known as a certificate of authority. This certificate is essential as it formally grants an insurance company the legal permission to operate and provide insurance coverage within that specific state. It indicates that the insurer has met all regulatory requirements established by the state's insurance department, which can include demonstrating financial stability, adhering to specific business practices, and maintaining compliance with state laws designed to protect policyholders. A certificate of registration typically pertains to the registration of businesses or organizations, not specifically to insurance operations. A license of compliance is not a standard term used in the insurance industry to denote the authority to operate. An insurance bond serves a different purpose, as it is a financial guarantee protecting against specific types of losses, rather than serving as a license or authority to conduct insurance business. Thus, the certificate of authority is the correct term used to denote the official permission granted to insurers by state regulators.

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://ctwcinsuranceschool.examzify.com>

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