

NEW YORK GENERAL ADJUSTER (10-70) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://nygenadjuster10to70.examzify.com>



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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

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- 1. In commercial auto insurance, how are med payments limits structured?**
 - A. Per incident for each separate vehicle.
 - B. Per person, per accident.
 - C. As a fixed annual limit.
 - D. Based on the valuation of the vehicle.
- 2. Where in an insurance contract would you typically find the responsibilities of the insured?**
 - A. Declarations
 - B. Exclusions
 - C. Conditions
 - D. Endorsements
- 3. What type of exposure cannot be gathered from air sampling tests?**
 - A. Inhalation of toxic fumes
 - B. Skin exposure to toxic chemicals
 - C. Ingestion of hazardous materials
 - D. Eye exposure to irritants
- 4. Which of the following would not be a prospect for errors and omissions insurance?**
 - A. Dentist
 - B. Insurance agents
 - C. Real estate agents
 - D. Lawyers
- 5. Which of the following is not covered under the Jones Act?**
 - A. Workers on a fishing boat
 - B. Crew members on a cargo ship
 - C. Tourists on a cruise ship
 - D. Employees on offshore rigs

- 6. What is the primary purpose of a declaratory judgment in insurance?**
- A. To enforce payment of premiums
 - B. To clarify policy coverage
 - C. To negotiate claim settlements
 - D. To outline premium increases
- 7. What can result from an adjuster failing to provide a timely response to a claim?**
- A. Policy renewal
 - B. License suspension
 - C. Unfair claims practice
 - D. Increased insurance premiums
- 8. What does the term "ecchymosis" refer to?**
- A. Fracture
 - B. Dislocation
 - C. Bruise
 - D. Swelling
- 9. What type of bond is a payment bond classified as?**
- A. Performance bond
 - B. Bid bond
 - C. Financial guarantee bond
 - D. Fidelity bond
- 10. Which type of physical damage loss is not covered under a business auto policy?**
- A. Collision damage
 - B. Theft of the vehicle
 - C. Loss to radar detection equipment
 - D. Fire damage

Answers

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

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Explanations

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1. In commercial auto insurance, how are med payments limits structured?

- A. Per incident for each separate vehicle.
- B. Per person, per accident.**
- C. As a fixed annual limit.
- D. Based on the valuation of the vehicle.

In commercial auto insurance, medical payments (med pay) coverage is structured as a limit per person, per accident. This means that regardless of how many individuals are involved in an accident or how many vehicles are impacted, each person injured in the accident is entitled to receive medical expenses up to the specified limit set forth in the policy. For example, if the med pay limit is \$5,000, each injured individual may receive reimbursement for their medical expenses up to that amount, irrespective of the total number of injured parties or the total number of vehicles. This structure is designed to address the immediate medical needs of individuals injured in the event of an accident without regard to fault, making it essential for the financial protection of all parties involved. In contrast, the other answer choices address different aspects that do not apply to the direct nature of med pay coverage.

2. Where in an insurance contract would you typically find the responsibilities of the insured?

- A. Declarations
- B. Exclusions
- C. Conditions**
- D. Endorsements

In an insurance contract, the responsibilities of the insured are typically outlined in the section known as Conditions. This section defines the obligations that the policyholder agrees to when they enter into the contract with the insurer. These responsibilities can include requirements such as promptly reporting claims, paying premiums on time, and notifying the insurer of any changes that could affect coverage. The Conditions section is crucial because it sets the framework for how both the insurer and the insured are expected to behave throughout the policy term. Other sections of the insurance contract serve different purposes. The Declarations section provides specific details about the policy, including the insured parties, coverage limits, and effective dates. Exclusions outline what is not covered under the policy, thus reducing the potential liabilities of the insurer. Endorsements are modifications or additions to the standard contract that might change its terms or coverage, but they do not typically outline the general responsibilities of the insured. Therefore, the Conditions section is the correct answer in identifying where the responsibilities of the insured are specified.

3. What type of exposure cannot be gathered from air sampling tests?

- A. Inhalation of toxic fumes
- B. Skin exposure to toxic chemicals**
- C. Ingestion of hazardous materials
- D. Eye exposure to irritants

The reason skin exposure to toxic chemicals cannot be gathered from air sampling tests lies in the nature of the exposure itself. Air sampling is designed to measure airborne contaminants, specifically those suspended in the air that may be inhaled by individuals. This method effectively assesses the concentration of various substances in the air, which can lead to inhalation. However, skin exposure does not rely on airborne substances but rather direct contact with hazardous materials. Since air sampling measures only what is present in the atmosphere and not what might be in contact with the skin, it cannot provide data on dermal exposure levels. Therefore, this method is not suitable for determining how toxic chemicals may affect individuals through skin contact, making it clear why this type of exposure is excluded from considerations of air sampling outcomes. In contrast, inhalation, ingestion, and eye exposure are all directly related to airborne or aerosolized materials, which can indeed be measured through air sampling tests, whereas skin contact remains unmeasured in this context.

4. Which of the following would not be a prospect for errors and omissions insurance?

- A. Dentist**
- B. Insurance agents
- C. Real estate agents
- D. Lawyers

Errors and omissions insurance, also known as professional liability insurance, is designed to protect professionals from claims of negligence or inadequate work in their respective fields. It is particularly crucial for professions where advice is given or services are rendered. In the case of a dentist, the focus is primarily on medical malpractice insurance, which addresses issues related to physical harm or injury caused by dental procedures. While dentists can still face lawsuits for negligence, the insurance that covers them typically falls under malpractice rather than errors and omissions. On the other hand, professions such as insurance agents, real estate agents, and lawyers are often exposed to risks associated with providing services, advice, or information to clients, which is precisely what errors and omissions insurance protects against. Therefore, dentists are less commonly associated with needing errors and omissions insurance, making them the least likely prospect among the listed options.

5. Which of the following is not covered under the Jones Act?

- A. Workers on a fishing boat
- B. Crew members on a cargo ship
- C. Tourists on a cruise ship**
- D. Employees on offshore rigs

The Jones Act, formally known as the Merchant Marine Act of 1920, provides protections for seamen who are injured in the course of their employment. It specifically covers individuals who are part of the crew of a vessel or who have a significant connection to a maritime activity. Tourists on a cruise ship do not qualify under the Jones Act because they are not engaged in activities related to the operation or navigation of the vessel. Instead, they are passengers enjoying leisure travel. The act is designed to protect those working on vessels, not passengers who are simply onboard for tourism. In contrast, workers on a fishing boat, crew members on cargo ships, and employees on offshore rigs all have employment roles that directly relate to maritime operations. Therefore, they are eligible for protections and rights under the Jones Act. These roles involve being part of the vessel's crew or operating within the maritime industry, which is what the Act is meant to support.

6. What is the primary purpose of a declaratory judgment in insurance?

- A. To enforce payment of premiums
- B. To clarify policy coverage**
- C. To negotiate claim settlements
- D. To outline premium increases

The primary purpose of a declaratory judgment in insurance is to clarify policy coverage. This legal mechanism allows an insurance company or policyholder to seek judicial relief in determining the rights and obligations under an insurance contract. By asking the court to issue a declaratory judgment, parties can resolve uncertainties regarding the terms of the insurance policy, including issues of coverage, exclusions, and the conditions under which a claim may be paid. The significance of this process is that it helps to prevent disputes and litigation over policy interpretations by providing a legally binding clarification from the courts. This can streamline the claims process and offer both insurers and insureds a clearer understanding of their respective rights and duties under the policy. In contrast, while enforcing payment of premiums, negotiating claim settlements, and outlining premium increases are relevant to the insurance process, they do not directly pertain to the fundamental goal of a declaratory judgment, which is focused on resolving ambiguities in policy language and ensuring proper application of coverage in specific circumstances.

7. What can result from an adjuster failing to provide a timely response to a claim?

- A. Policy renewal
- B. License suspension
- C. Unfair claims practice**
- D. Increased insurance premiums

When an adjuster fails to provide a timely response to a claim, it can lead to allegations of unfair claims practice. Timeliness is a critical aspect of the claims process, as policyholders expect their claims to be handled promptly and effectively. If an adjuster does not respond in a timely manner, it can cause unnecessary delays in the claims process, resulting in frustration for the claimant and potentially harming their financial situation. This delay can also violate regulatory standards set by insurance departments that ensure fair treatment of policyholders. If the failure to respond is deemed substantial enough, it could lead to penalties or sanctions against the adjuster or the insurance company, including regulatory scrutiny or investigations. The concept of unfair claims practices is designed to protect consumers, ensuring they receive the services they are entitled to under their policy without undue delay or obstacles.

8. What does the term "ecchymosis" refer to?

- A. Fracture
- B. Dislocation
- C. Bruise**
- D. Swelling

The term "ecchymosis" refers to a bruise, specifically a discoloration of the skin resulting from bleeding underneath. This condition occurs when small blood vessels, known as capillaries, are damaged due to trauma or injury, leading to the leakage of blood into the surrounding tissues. The resultant effect is the characteristic purplish-blue color of a bruise, which may change color as it heals. Understanding this term is significant in medical contexts or personal injury assessments, as it indicates a physical injury that can impact claims related to damages or medical conditions. In contrast, fractures pertain to broken bones, dislocations involve the displacement of joints, and swelling refers to an increase in size of a body part or area due to fluid accumulation or inflammation. These terms relate to different types of injuries and conditions, demonstrating the distinct nature of ecchymosis as a specific type of bruising.

9. What type of bond is a payment bond classified as?

- A. Performance bond
- B. Bid bond
- C. Financial guarantee bond**
- D. Fidelity bond

A payment bond is classified as a financial guarantee bond because it ensures that a subcontractor or supplier will receive payment for labor and materials as specified in a construction contract. If the principal fails to pay for the work performed or materials supplied, the surety company that issued the bond must cover the payment, thus providing a financial guarantee to the beneficiaries. Understanding this classification is essential within the context of construction and contracting, where financial security is crucial for maintaining cash flow and enabling project completion. This differentiates payment bonds from other types of bonds, such as performance and bid bonds, which serve different purposes in the contractual process.

10. Which type of physical damage loss is not covered under a business auto policy?

- A. Collision damage
- B. Theft of the vehicle
- C. Loss to radar detection equipment**
- D. Fire damage

The correct answer points to losses related to radar detection equipment as not being covered under a business auto policy. Business auto policies generally provide coverage for physical damage to the insured vehicles, but they often have specific exclusions for certain types of equipment that may be installed in or on the vehicles. Radar detection equipment is considered a personal accessory and is typically not part of the standard coverage for a business auto policy. In contrast, collision damage, theft of the vehicle, and fire damage are common types of physical loss that are generally covered under such policies. Collision coverage protects against damage to the vehicle resulting from a collision with another vehicle or object. Theft coverage applies if the vehicle is stolen, and fire damage coverage addresses losses due to fire. Since these scenarios are more integral to the operation of a business vehicle, they are generally included in the policy's coverage provisions, while items like radar detection equipment fall outside that scope.

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://nygenadjuster10to70.examzify.com>

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

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