

# Other Than Life (OTL) Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. What happens to salvage after a claim has been paid?**
  - A. It always belongs to the insured**
  - B. It consists of the useless debris of a total loss**
  - C. It may be negotiated between the insured and the insurer**
  - D. It belongs to the insurer when the claim has been paid**
- 2. What does the term "deductible" signify in an insurance policy?**
  - A. The total coverage amount**
  - B. The insured amount before a claim**
  - C. The out-of-pocket payment before the insurer pays**
  - D. The yearly cost of the policy**
- 3. Which statement correctly represents the role of an insurance agent?**
  - A. They are solely responsible for the financial performance of the insurance company**
  - B. They are intermediaries between the insurer and the insured**
  - C. They are legally required to handle all claims directly**
  - D. They have no impact on customer service**
- 4. What is a rider in insurance terms?**
  - A. An additional clause modifying the original policy**
  - B. The base cost of an insurance policy**
  - C. A standard term for all policies**
  - D. A type of insurance coverage**
- 5. What is not commonly covered by business interruption insurance?**
  - A. Loss of income from covered events**
  - B. Additional living expenses**
  - C. Lost profits due to fire damage**
  - D. Marketing expenditures during the downtime**

- 6. Assignment of an insurance policy is automatic when:**
- A. B buys A's seasonal residence**
  - B. B is appointed as trustee in bankruptcy after A goes bankrupt following a major investment**
  - C. A sells his house to his cousin B**
  - D. An insurance policy is personal and therefore never be assigned to anybody**
- 7. What is a deductible in insurance terms?**
- A. The amount an insurer pays for a claim**
  - B. The premium you pay monthly**
  - C. The upfront cost you must pay before insurance kicks in**
  - D. The total value of insured items**
- 8. What are the exclusions listed on a Glass Policy?**
- A. Fire, windstorm and nuclear damage**
  - B. Smoke, fire and nuclear damage**
  - C. Fire, war and nuclear damage**
  - D. Fire, windstorm and war**
- 9. Which policy would adequately cover professionals such as accountants, lawyers, and real estate agents?**
- A. Commercial building form**
  - B. Office equipment floater**
  - C. Valuable papers and records**
  - D. Commercial property floater**
- 10. Which liability would protect officers wrongly arresting individuals?**
- A. Bodily injury and Property Damage Liability**
  - B. Tenant's Legal Liability**
  - C. Errors, Omissions and Malpractice**
  - D. Personal Injury Liability**

## **Answers**

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

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## **Explanations**

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- 1. What happens to salvage after a claim has been paid?**
- A. It always belongs to the insured**
  - B. It consists of the useless debris of a total loss**
  - C. It may be negotiated between the insured and the insurer**
  - D. It belongs to the insurer when the claim has been paid**

When a claim has been paid, salvage typically belongs to the insurer. This is based on the principle that once the insurer has compensated the insured for a loss, they assume ownership of any remaining property that is salvageable. This allows the insurer to recover some of their losses by selling the salvageable items. By retaining ownership of the salvage, the insurer can manage the residual value of the property, which could reduce the overall loss they incurred from the claim. In contrast, the other possibilities do not accurately reflect the usual practice regarding salvage. While the insured may have a role in negotiating what happens to the salvage before the claim is settled, it ultimately defaults to the insurer as a standard practice once payment is rendered. Additionally, salvage is not merely "useless debris" since there may still be value in items deemed salvageable after a loss.

- 2. What does the term "deductible" signify in an insurance policy?**
- A. The total coverage amount**
  - B. The insured amount before a claim**
  - C. The out-of-pocket payment before the insurer pays**
  - D. The yearly cost of the policy**

The term "deductible" in an insurance policy refers to the specific amount that an insured individual must pay out-of-pocket for covered expenses before the insurance company begins to make payments towards a claim. This means that if a loss occurs, the insured is responsible for this initial financial burden before their coverage kicks in. Understanding that the deductible must be met for the insurer to cover any further costs is crucial for policyholders, as it affects how much they will need to pay in the event of a claim. Deductibles help to lower insurance premiums and encourage insured individuals to manage risks more effectively. The other options do not accurately define a deductible. The total coverage amount or the insured amount before a claim refers to the limits of what the policy covers, which is separate from the concept of a deductible. The yearly cost of the policy pertains to the premium, a different aspect of insurance financing entirely. Thus, the definition of a deductible centers specifically on the initial out-of-pocket payment required by the policyholder before the insurer begins to pay for damages.

**3. Which statement correctly represents the role of an insurance agent?**

- A. They are solely responsible for the financial performance of the insurance company**
- B. They are intermediaries between the insurer and the insured**
- C. They are legally required to handle all claims directly**
- D. They have no impact on customer service**

The chosen statement accurately captures the primary function of an insurance agent, which is to act as an intermediary between the insurer (the insurance company) and the insured (the policyholder). This role entails facilitating communication, helping clients understand their coverage options, providing advice on suitable policies, and assisting in the application process. Essentially, agents bridge the gap between customers seeking insurance and companies offering policies, ensuring that clients' needs are effectively matched with appropriate products. In this context, the agent's role involves sales, customer service, and sometimes claims support, though they do not handle claims directly on behalf of the insurer. This intermediary position is crucial in the insurance process, as agents not only help in policy selection but also contribute to educating clients about the terms and conditions of their coverage. The other choices do not accurately reflect the role of an insurance agent. For instance, the suggestion that agents are solely responsible for the financial performance of the insurance company misrepresents their position, as agents do not bear that responsibility; it lies with the company's management. Additionally, stating that agents are legally required to handle all claims directly overlooks the fact that claims are typically processed by the insurer, while the agent may assist clients in the claims process rather than manage it. Finally, asserting

**4. What is a rider in insurance terms?**

- A. An additional clause modifying the original policy**
- B. The base cost of an insurance policy**
- C. A standard term for all policies**
- D. A type of insurance coverage**

In insurance terminology, a rider refers to an additional clause that modifies the original policy. This means it is an extension or addition to the existing coverage that enhances or alters the policy's terms, providing specific protections or benefits beyond what is typically covered. Riders can be used to tailor an insurance policy to meet the unique needs of the policyholder, such as adding coverage for specific events or increasing benefits. For instance, a life insurance policy may include a rider that provides accelerated death benefits in the event of a terminal illness, allowing the insured to access a portion of the death benefit while still alive. Such modifications make riders valuable tools for customizing policies to better fit individual situations and preferences.

**5. What is not commonly covered by business interruption insurance?**

- A. Loss of income from covered events**
- B. Additional living expenses**
- C. Lost profits due to fire damage**
- D. Marketing expenditures during the downtime**

Business interruption insurance is designed to address loss of income and certain extra expenses when a business is unable to operate due to covered perils such as fire, natural disasters, or other catastrophic events. This insurance primarily focuses on compensating for lost profits, ongoing expenses, and necessary extra expenses incurred to mitigate losses, such as temporary relocation costs. When examining the choices, marketing expenditures during the downtime fall outside standard coverage offered by business interruption insurance. Marketing efforts are generally considered normal business expenses that are not directly tied to restoration or recovery efforts following a disaster. Thus, while businesses may incur extra costs to maintain operations and ensure profitability during recovery, marketing expenditures are not typically classified as a necessary expense required to get the business back to its pre-disaster operational state. In contrast, loss of income, additional living expenses (in the context of business needs), and lost profits due to fire damage are all critical aspects of business interruption coverage, as they directly relate to the financial impact of an interruption caused by a covered event. Therefore, marketing expenditures do not fit within the typical parameters of business interruption claims, making this choice the correct response to identify what is not commonly covered.

**6. Assignment of an insurance policy is automatic when:**

- A. B buys A's seasonal residence**
- B. B is appointed as trustee in bankruptcy after A goes bankrupt following a major investment**
- C. A sells his house to his cousin B**
- D. An insurance policy is personal and therefore never be assigned to anybody**

The automatic assignment of an insurance policy occurs in the context of bankruptcy proceedings. When A goes bankrupt and B is appointed as a trustee in bankruptcy, B assumes the rights to manage A's assets, including any insurance policies that A may have. This assignment happens automatically as part of the process where the trustee steps in to handle A's financial affairs and ensure fair distribution to creditors. In bankruptcy, debts and assets are typically managed through legal proceedings, and the rights to any insurance benefits associated with A's policies are part of the estate to settle claims against A. This legal framework allows the trustee to act on behalf of the bankrupt individual, which includes the ability to manage or assign any insurance policies that were held by A. The other scenarios do not involve a legal mechanism that results in an automatic assignment. The sale of property does not inherently transfer insurance policies unless explicitly mentioned, and the notion that an insurance policy is personal indicates it cannot be assigned at will. Thus, the context of bankruptcy is the pivotal reason why automatic assignment occurs in this specific circumstance.

## 7. What is a deductible in insurance terms?

- A. The amount an insurer pays for a claim
- B. The premium you pay monthly
- C. The upfront cost you must pay before insurance kicks in**
- D. The total value of insured items

A deductible in insurance terms refers to the upfront cost you must pay before your insurance coverage begins to pay for a claim. It acts as a threshold that the policyholder must reach when filing a claim, meaning that if the cost of the claim is less than the deductible amount, the insurer will not provide any payment. The purpose of a deductible is to share the risk between the insurer and the insured, discouraging frivolous claims and encouraging policyholders to be more responsible regarding their insured items. In contrast, the other terms explained in the incorrect options do not accurately represent what a deductible is. The amount an insurer pays for a claim is determined after the deductible has been applied, making it a separate concept. The premium refers to the regular payment made by policyholders to maintain their insurance coverage, which does not directly relate to the deductible. Lastly, the total value of insured items is about the worth of the insured property, which is entirely different from the concept of a deductible.

## 8. What are the exclusions listed on a Glass Policy?

- A. Fire, windstorm and nuclear damage
- B. Smoke, fire and nuclear damage
- C. Fire, war and nuclear damage**
- D. Fire, windstorm and war

In the context of a Glass Policy, the correct answer highlights the exclusions that are generally found in such coverage. Specifically, the widespread exclusions of war and nuclear damage are linked to the inherent risks and potential catastrophic outcomes that go well beyond the scope of typical property insurance. War is often excluded because insurance would not cover damages that are linked to large-scale conflicts, as the financial implications could be unmanageable for insurers. Similarly, nuclear damage is excluded due to the extreme nature of the damage and the complexity of the variables involved, which can render traditional insurance solutions ineffective. Fire, while commonly associated with many types of insurance policies, is usually not an exclusion in a Glass Policy, as glass typically covers breakage primarily caused by fire or similar events. On the other hand, factors such as windstorm may be separately addressed but are generally considered a risk for standard property damage coverage, rather than exclusions in glass-specific policies. Hence, the identification of both war and nuclear damage as exclusions accurately reflects the standard practices of underwriting for such specialized insurance products.

**9. Which policy would adequately cover professionals such as accountants, lawyers, and real estate agents?**

- A. Commercial building form**
- B. Office equipment floater**
- C. Valuable papers and records**
- D. Commercial property floater**

The choice of a policy that adequately covers professionals such as accountants, lawyers, and real estate agents is grounded in the specific needs and risks associated with their work. Valuable papers and records coverage is designed to protect important documents, data, and records that these professionals handle in their day-to-day operations. This type of coverage helps safeguard against losses resulting from damage or loss of critical documents, such as contracts, client files, and other sensitive records. Professionals in these fields often rely heavily on important paperwork for their operations and client dealings. If these documents are lost, destroyed, or damaged, it can significantly impact their ability to conduct business and serve their clients. Therefore, having insurance that specifically protects against the loss of valuable papers and records is essential for mitigating the risks they face. The other options, while offering coverage for different types of assets, do not align as closely with the specific needs of accountants, lawyers, and real estate agents. For instance, commercial building form and commercial property floater policies focus primarily on physical property rather than the specialized documents that professionals in these fields need to protect. The office equipment floater provides coverage for office equipment but does not extend to the protection of critical paper-based records and documents.

**10. Which liability would protect officers wrongly arresting individuals?**

- A. Bodily injury and Property Damage Liability**
- B. Tenant's Legal Liability**
- C. Errors, Omissions and Malpractice**
- D. Personal Injury Liability**

Personal Injury Liability is the type of liability that would protect officers wrongfully arresting individuals. This type of liability coverage specifically addresses offenses that could harm an individual's reputation or personal rights, including false arrest, wrongful eviction, and defamation. In the context of wrongful arrest, it provides protection against claims made by individuals who believe their rights were violated due to improper law enforcement actions. The other types of liabilities listed do not cover the specific circumstances of wrongful arrests. Bodily Injury and Property Damage Liability primarily pertain to physical harm to individuals or damage to their property, not issues involving personal rights or reputations. Tenant's Legal Liability is related to leasehold agreements and does not extend to wrongful arrests. Errors, Omissions and Malpractice typically apply to professionals such as doctors or attorneys and cover mistakes in the performance of their duties, but do not specifically address the wrongful actions of law enforcement officers in arrests. Thus, Personal Injury Liability is the most suitable coverage in this scenario as it specifically addresses the rights of individuals and provides protection against claims arising from wrongful actions.