

Rhode Island Insurance Adjuster Practice Exam (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. Who should a person contact if they have a complaint regarding a claim?**
 - A. The insurance company**
 - B. The Department of Business Regulation**
 - C. A legal advisor**
 - D. The Better Business Bureau**
- 2. What term describes a continuous or repeated exposure to conditions that may result in bodily injury or damage that is neither expected nor intended?**
 - A. Occurrence**
 - B. Event**
 - C. Claim**
 - D. Incident**
- 3. What is covered under a personal articles floater?**
 - A. Inherent vice**
 - B. Natural deterioration**
 - C. Breakage**
 - D. Wear and tear**
- 4. What is the primary difference between comprehensive and collision insurance?**
 - A. Comprehensive covers theft; collision does not**
 - B. Collision covers vehicle damage in an accident; comprehensive covers non-collision incidents**
 - C. Comprehensive is more expensive than collision**
 - D. Both cover the same types of incidents**
- 5. Who is responsible for a claim in a third party situation?**
 - A. The claimant's insurance**
 - B. The at fault party's insurance**
 - C. The insurance agent**
 - D. The injured party**

6. What is the responsibility of a claims adjuster?

- A. To assess investment opportunities for policyholders**
- B. To evaluate claims and determine amounts payable**
- C. To manage the sales team for insurance products**
- D. To conduct customer satisfaction surveys**

7. Where can the deductible be found on an insurance policy?

- A. Coverage Summary Page**
- B. Declarations Page**
- C. Policy Endorsements**
- D. Claims Handling Guidelines**

8. Where can the limits of liability be found in a casualty insurance policy?

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

9. How does underwriting relate to insurance?

- A. It is the process of assessing claims after a loss.**
- B. It is an evaluation of risks and terms of insurance policies.**
- C. It is the process of renewing insurance policies annually.**
- D. It is the legal process of disputing denial of claims.**

10. In an "other insurance" clause, what does it determine?

- A. How much premium is refunded**
- B. How much each policy pays for a loss**
- C. Who receives the first payment**
- D. Which insurer will cancel the policy first**

Answers

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

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Explanations

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1. Who should a person contact if they have a complaint regarding a claim?

- A. The insurance company**
- B. The Department of Business Regulation**
- C. A legal advisor**
- D. The Better Business Bureau**

Contacting the Department of Business Regulation is the appropriate step for someone who has a complaint regarding a claim. This department is responsible for overseeing and regulating insurance practices within the state, ensuring that insurance companies adhere to relevant laws and regulations. They can provide assistance in resolving disputes, investigating complaints, and ensuring that consumers' rights are protected. While contacting the insurance company may seem like a logical first step, the Department of Business Regulation serves as an impartial entity that can intervene if a resolution is not achieved directly with the insurance provider. Legal advisors and the Better Business Bureau can offer additional avenues for assistance, but they do not have the regulatory authority or specific expertise in insurance matters that the Department of Business Regulation does, making it the best choice for consumers facing issues with their claims.

2. What term describes a continuous or repeated exposure to conditions that may result in bodily injury or damage that is neither expected nor intended?

- A. Occurrence**
- B. Event**
- C. Claim**
- D. Incident**

The term that best describes a continuous or repeated exposure to conditions resulting in bodily injury or damage that is neither expected nor intended is "occurrence." In insurance terminology, an occurrence refers specifically to an event that happens unexpectedly and can include situations such as repeated exposure to harmful conditions over time. This aligns well with the context of insurance claims, where the harm is consequentially linked to the exposure rather than a single instance or intentional act. In contrast, the other terms mentioned have different meanings within this context. An event usually refers to a singular happening or a discrete incident, which may not capture the ongoing nature of the exposure implied by the question. A claim is a request for compensation due to a loss or damage but does not encompass the concept of ongoing exposure. An incident, while related, tends to be a more general term that may not imply the continuous or repetitive aspect of injury or damage. Therefore, "occurrence" is the most accurate and fitting choice here.

3. What is covered under a personal articles floater?

- A. Inherent vice**
- B. Natural deterioration**
- C. Breakage**
- D. Wear and tear**

A personal articles floater is designed to provide broader coverage for specific types of personal property, such as jewelry, art, collectibles, and other valuable items. This type of insurance policy typically offers coverage against various risks that standard homeowners or renters policies might not fully protect against. The coverage for breakage is indeed included under a personal articles floater. This means that if an insured item is accidentally damaged or broken, the policy would provide compensation for repair or replacement, depending on the terms. This is crucial for items like fine china or glass sculptures, which might be more susceptible to accidental damage. In contrast, inherent vice, natural deterioration, and wear and tear are generally considered exclusions in most insurance policies, including personal articles floaters. Inherent vice refers to a characteristic of certain materials that causes them to deteriorate over time or under certain conditions. Natural deterioration is the gradual decline in condition due to age or use, while wear and tear specifically relates to damage that comes from normal everyday activities. These types of damage are typically not covered because they result from the item's intrinsic qualities or regular usage, rather than a covered peril.

4. What is the primary difference between comprehensive and collision insurance?

- A. Comprehensive covers theft; collision does not**
- B. Collision covers vehicle damage in an accident; comprehensive covers non-collision incidents**
- C. Comprehensive is more expensive than collision**
- D. Both cover the same types of incidents**

The primary distinction between comprehensive and collision insurance is that collision coverage is specifically designed to pay for damage to your vehicle resulting from an accident, regardless of who is at fault. This means that if you collide with another vehicle or object, collision insurance will help cover the costs associated with repairs or replacement of your vehicle. On the other hand, comprehensive insurance is meant to cover a wide range of non-collision-related incidents. This includes events such as theft, vandalism, fire, natural disasters, and hitting an animal. Therefore, while collision insurance deals with accidents, comprehensive insurance addresses various other risks that might lead to vehicle damage or loss. Understanding this difference is crucial for policyholders, as it helps them make informed decisions about which types of coverage they may need based on their personal circumstances and risk assessments. The idea that comprehensive is typically more expensive than collision or that both cover the same types of incidents does not accurately reflect their distinct purposes or coverage areas.

5. Who is responsible for a claim in a third party situation?

- A. The claimant's insurance
- B. The at fault party's insurance**
- C. The insurance agent
- D. The injured party

In a third-party claim situation, the responsibility for handling the claim typically falls to the insurance of the party that is at fault for the incident causing the claim. This is because the role of third-party insurance is to protect against liability incurred by the insured party. When an individual causes damage or injury to another person, the affected party can file a claim with the at-fault party's insurer, who will then evaluate the claim and determine compensation based on the coverage provided. The basis for this understanding lies in the principles of liability insurance, which is designed to cover legal responsibilities arising from the insured's actions. The at-fault party's insurance is there to handle claims from third parties who suffer injuries or damages as a result of the insured's actions, making it the primary source of compensation in these situations. While the injured party may pursue their claim through their own insurer, particularly in contexts where they have uninsured or underinsured motorist coverage, ultimately it is the at-fault party's insurance that is charged with responding to the claim from the other party involved. The other options do not align with the responsibilities traditionally assigned in insurance claims handling in third-party scenarios.

6. What is the responsibility of a claims adjuster?

- A. To assess investment opportunities for policyholders
- B. To evaluate claims and determine amounts payable**
- C. To manage the sales team for insurance products
- D. To conduct customer satisfaction surveys

The role of a claims adjuster is primarily focused on evaluating claims made by policyholders and determining the amounts that are payable under the terms of an insurance policy. This involves investigating the circumstances surrounding the claim, which might include reviewing policy provisions, inspecting damages, interviewing witnesses, and gathering relevant documentation. By conducting a thorough evaluation, the claims adjuster can effectively assess the validity of the claim and the extent of the insurance company's liability. This responsibility is crucial for ensuring that policyholders receive fair compensation for covered losses while also safeguarding the insurer against fraudulent claims. In essence, the claims adjuster serves as a bridge between the insurance company and the policyholder, facilitating the claims process and ensuring that it aligns with the stipulations of the policy.

7. Where can the deductible be found on an insurance policy?

- A. Coverage Summary Page**
- B. Declarations Page**
- C. Policy Endorsements**
- D. Claims Handling Guidelines**

The deductible is typically outlined on the Declarations Page of an insurance policy. This page provides a summary of key policy details, including the insured's name, address, coverage types, limits, and importantly, the deductible amount for each coverage type. The Declarations Page serves as a reference document that highlights essential aspects of the insurance contract, making it a go-to source for determining the financial responsibility of the insured in the event of a claim. While the Coverage Summary Page might provide a summary of coverage types, it does not always include specific details like deductibles. Policy Endorsements can modify coverage terms but do not usually specify the deductible directly. Claims Handling Guidelines detail the procedures for reporting and processing claims rather than the specifics of coverage or deductibles.

8. Where can the limits of liability be found in a casualty insurance policy?

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

The limits of liability in a casualty insurance policy are typically outlined in the Declarations section. This part of the policy provides key information, including the insured's name, coverage specifics, the effective dates of the policy, and the limits of insurance for each type of coverage. It serves as a summary of the essential terms of the insurance agreement, making it easy for policyholders and adjusters to identify how much risk is covered and what the maximum payout would be in the event of a claim. The other sections mentioned, such as Conditions, Exclusions, and Endorsements, serve different purposes. Conditions describe the duties and obligations of both the insurer and the insured. Exclusions specify what is not covered under the policy, effectively limiting the scope of the insurance. Endorsements modify or add to the original policy by providing additional coverage or changing terms. While these sections are important in understanding the overall policy, the Declarations are where the specific limits of liability are clearly stated.

9. How does underwriting relate to insurance?

- A. It is the process of assessing claims after a loss.
- B. It is an evaluation of risks and terms of insurance policies.**
- C. It is the process of renewing insurance policies annually.
- D. It is the legal process of disputing denial of claims.

Underwriting is fundamentally related to insurance because it involves the evaluation of risks associated with insuring an individual or entity. During this process, underwriters analyze various factors such as the applicant's previous insurance history, health records, and specific details related to the item or property to be insured. By assessing these risks, underwriters determine the appropriate premium to charge and the terms of coverage that will be offered in an insurance policy. This critical phase ensures that the insurer has a clear understanding of the potential financial risks involved and can manage their overall risk portfolio effectively. While the other options touch on aspects of insurance, they do not accurately define underwriting. For instance, assessing claims after a loss is part of the claims handling process, and renewing insurance policies pertains more to customer relationship management than to underwriting. Disputing denial of claims relates to claims management and legal processes rather than the risk evaluation that underwriting encompasses.

10. In an "other insurance" clause, what does it determine?

- A. How much premium is refunded
- B. How much each policy pays for a loss**
- C. Who receives the first payment
- D. Which insurer will cancel the policy first

The "other insurance" clause in an insurance policy is designed to determine how much each policy contributes toward a loss when multiple insurance policies cover the same risk. This clause is critical in situations where an insured property or liability is covered by more than one policy, as it helps to prevent double recovery and settles the question of how the claims should be handled. When a loss occurs, the "other insurance" clause outlines the method for sharing the loss among the insurers involved. This could be on the basis of pro-rata, where each policy pays a proportionate share based on its coverage amount, or it could be through an excess insurance provision, where one policy serves as primary and others as excess. Understanding this mechanism is essential for both insurers and policyholders to ensure equitable distribution of the claim payments without exceeding the actual loss incurred. Thus, the determination of how much each policy pays for a loss is a fundamental aspect of the insurance process, especially in scenarios involving multiple coverages.

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://rhodeisland-insuranceadjuster.examzify.com>

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

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