

Utah Property & Casualty Insurance Producer Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. The rating method known as Loss Costs includes which of the following?**
 - A. Only losses**
 - B. Losses and overhead expenses**
 - C. Losses and loss adjusting expenses**
 - D. Losses and profit margins**

- 2. What is express authority in the context of insurance?**
 - A. The implied authority a producer has**
 - B. The authority given to a producer in writing**
 - C. The authority only exercised by the insurer**
 - D. The verbal agreement between producer and client**

- 3. In a homeowners policy, what is the automatic limit of insurance for Coverage B (Other Structures)?**
 - A. 5% of the Coverage A limit**
 - B. 10% of the Coverage A limit**
 - C. 15% of the Coverage A limit**
 - D. 20% of the Coverage A limit**

- 4. What is an assignment in terms of insurance policy rights?**
 - A. Transferring of benefits to another party**
 - B. Updating policy details without consent**
 - C. Changing the premium structure**
 - D. Notifying an insured of policy cancellation**

- 5. What is the formula for determining a company's loss ratio?**
 - A. (Incurred losses + loss adjustment expenses) / earned premium**
 - B. (Claims paid + reserves) / total revenue**
 - C. (Net income - expenses) / earned premium**
 - D. (Total claims / total policies) x 100**

6. What coverage is needed by a commercial auto insured with employees using their own vehicles for work?

- A. Owned Auto coverage**
- B. Non-Owned Auto coverage**
- C. Hired Auto coverage**
- D. Comprehensive coverage**

7. What does misrepresentation in an insurance context typically involve?

- A. Accurately stating facts**
- B. Providing vague information**
- C. Giving false or misleading statements**
- D. Fulfilling policy obligations**

8. The rates that are used to determine premiums cannot be what?

- A. Excessive, insufficient, unfairly discriminatory**
- B. Unregulated, arbitrary, and excessive**
- C. Obsolete, unfair, or unjust**
- D. Standard, modified or negotiated**

9. What does an insurer adjuster do?

- A. Conduct marketing research**
- B. Evaluate damages and losses and determine payments**
- C. Sell policies to clients**
- D. Provide legal advice to clients**

10. What is the purpose of the covered auto symbols in a Business Auto Coverage Form?

- A. They determine the amount of coverage**
- B. They describe which vehicles are covered**
- C. They affect the premium cost**
- D. They specify the types of drivers allowed**

Answers

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

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Explanations

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1. The rating method known as Loss Costs includes which of the following?

- A. Only losses**
- B. Losses and overhead expenses**
- C. Losses and loss adjusting expenses**
- D. Losses and profit margins**

The rating method known as Loss Costs specifically focuses on the fundamental components of an insurance premium calculation, particularly the underlying costs of claims that an insurer expects to pay. This method typically includes losses incurred due to claims as well as loss adjusting expenses, which are the costs associated with investigating and settling claims. Losses represent the actual amounts paid out to policyholders for covered claims, while loss adjusting expenses encompass the necessary expenditures incurred to handle and process those claims effectively, such as fees paid to adjusters or other professionals involved in the claims process. By incorporating both losses and loss adjusting expenses, this method provides a comprehensive view of the probable costs that insurer will face and helps to establish a more accurate rate that reflects the true risk associated with coverage. The other options neglect essential components that are part of the overall cost structure considered in the Loss Costs rating method. For instance, only considering losses or including overhead expenses or profit margins does not provide the complete picture that includes the intricacies of claim handling and processing costs that are captured under loss adjusting expenses.

2. What is express authority in the context of insurance?

- A. The implied authority a producer has**
- B. The authority given to a producer in writing**
- C. The authority only exercised by the insurer**
- D. The verbal agreement between producer and client**

In the context of insurance, express authority refers specifically to the clear and unmistakable powers granted to an insurance producer through written communication. This authority is typically outlined in a producer agreement or contract, detailing the specific actions, decisions, or representations that the producer is authorized to undertake on behalf of the insurer. This written authority is crucial as it defines the legal boundaries within which the producer operates, ensuring that both the producer and the insurer understand the scope of the producer's powers. It stands in contrast to implied authority, which may arise from the producer's actions or the responsibilities typically associated with their role, but is not formally documented. Express authority provides clarity and protection in transactions by setting explicit expectations and responsibilities for all parties involved.

3. In a homeowners policy, what is the automatic limit of insurance for Coverage B (Other Structures)?

- A. 5% of the Coverage A limit**
- B. 10% of the Coverage A limit**
- C. 15% of the Coverage A limit**
- D. 20% of the Coverage A limit**

In a homeowners policy, Coverage B, which pertains to Other Structures, typically has an automatic limit of insurance that is set at 10% of the Coverage A limit. This coverage is designed to protect structures that are not attached to the main dwelling, such as a detached garage or shed, and the percentage of Coverage A serves as a standard guideline for insurers to determine the limit for these other structures. This setup benefits the policyholder by ensuring that there is a baseline level of coverage in place for these additional structures without requiring the policyholder to take any extra steps to secure that coverage. The limit being 10% of the Coverage A amount is a common industry standard, providing adequate protection while maintaining simplicity in the policy structure. Therefore, the answer that states 10% of the Coverage A limit is the correct portrayal of the automatic limit for Coverage B.

4. What is an assignment in terms of insurance policy rights?

- A. Transferring of benefits to another party**
- B. Updating policy details without consent**
- C. Changing the premium structure**
- D. Notifying an insured of policy cancellation**

An assignment in terms of insurance policy rights refers to the process of transferring the rights to benefits under an insurance policy from one party to another. This occurs when the policyholder allows another individual or entity to receive the benefits, usually because they no longer wish to retain those rights or because of circumstances that necessitate the transfer. In many cases, assignments require the approval of the insurance company, especially when they involve significant rights or benefits. The purpose of allowing assignments is to provide flexibility and ease in managing insurance benefits, ensuring that the benefits can be used effectively by the parties involved. The other options pertain to different aspects of insurance practices but do not accurately describe what an assignment is. Updating policy details without consent, changing the premium structure, and notifying an insured of policy cancellation each refer to distinct processes or requirements under the insurance contract that do not involve the assignment of rights to benefits.

5. What is the formula for determining a company's loss ratio?

- A. (Incurred losses + loss adjustment expenses) / earned premium**
- B. (Claims paid + reserves) / total revenue**
- C. (Net income - expenses) / earned premium**
- D. (Total claims / total policies) x 100**

The correct formula for determining a company's loss ratio is (Incurred losses + loss adjustment expenses) / earned premium. This calculation is crucial for assessing the financial health of an insurance company in relation to its underwriting performance. The loss ratio measures the percentage of premium income that is paid out in claims and associated expenses. By adding incurred losses, which include both claims that have been paid out and those anticipated to be paid in the future, to loss adjustment expenses (the costs associated with investigating and settling claims), the formula provides a complete picture of the costs incurred due to claims relative to the income generated from premiums earned. This ratio is significant because a higher loss ratio indicates that a larger portion of premiums is being used to pay claims, which could suggest potential issues with underwriting practices or pricing. In contrast, other options do not accurately represent the loss ratio. For example, calculating claims paid plus reserves in relation to total revenue does not align with the definition of loss ratio, as revenue can include various income streams beyond premiums. Similarly, net income in relation to earned premium focuses on profitability rather than the direct comparison of claims to premium income. Lastly, relating total claims to total policies and multiplying by 100 introduces a metric that assesses claim frequency rather than the financial

6. What coverage is needed by a commercial auto insured with employees using their own vehicles for work?

- A. Owned Auto coverage**
- B. Non-Owned Auto coverage**
- C. Hired Auto coverage**
- D. Comprehensive coverage**

Non-Owned Auto coverage is essential for a commercial auto insured when employees use their own vehicles for work-related activities. This type of coverage protects the business from liability claims arising from the operation of employees' personal vehicles while they are conducting company business. When an employee uses their own vehicle for work, their personal auto insurance may not fully cover the business in the event of an accident, especially when the vehicle is being used for business purposes. Non-Owned Auto coverage steps in to protect the company against claims that may arise from an accident involving the employee's vehicle during work duties. This coverage is particularly important because it addresses the gaps that exist between personal auto policies and business liabilities. Without this coverage, the business could be exposed to significant financial risk if an employee were to cause an accident while using their personal vehicle for company work. Other types of coverage mentioned, such as Owned Auto coverage or Hired Auto coverage, do not apply in this scenario since the vehicles in use are not owned by the business nor rented by it. Comprehensive coverage is related to the protection of the vehicle from non-collision-related damages and does not address liability exposure for business use of personal vehicles.

7. What does misrepresentation in an insurance context typically involve?

- A. Accurately stating facts**
- B. Providing vague information**
- C. Giving false or misleading statements**
- D. Fulfilling policy obligations**

In the context of insurance, misrepresentation specifically involves giving false or misleading statements. This means that when an individual, such as an applicant for insurance, provides information that is not true or is misleading about their risk profile, the insured party, or the conditions under which they are covered, it can lead to significant consequences for both the insurer and the insured. Misrepresentation can affect the underwriting process, the premium costs, and even the validity of a policy. When misrepresentations occur, they can lead to a denial of claims or cancellation of the policy, impacting the insured's ability to receive coverage when they need it most. Insurance relies on the principle of utmost good faith, meaning all parties must disclose accurate and complete information for the contract to be valid. Accurately stating facts, providing vague information, or fulfilling policy obligations do not constitute misrepresentation. Instead, they pertain to correct or unclear communications that don't mislead the parties involved. A clear understanding of what constitutes misrepresentation is essential in insurance to ensure fair practice and trust between the insurer and the policyholder.

8. The rates that are used to determine premiums cannot be what?

- A. Excessive, insufficient, unfairly discriminatory**
- B. Unregulated, arbitrary, and excessive**
- C. Obsolete, unfair, or unjust**
- D. Standard, modified or negotiated**

The rates that are used to determine premiums must be adequate, not excessive, insufficient, or unfairly discriminatory. Each of these terms indicates a critical component of rate-setting guidelines in the insurance industry. Excessive rates mean that the charges are higher than necessary to cover the expected losses and expenses; this would not be fair to policyholders. Insufficient rates imply that the insurer would not collect enough income to cover the anticipated claims and operational costs, potentially destabilizing the insurance provider's financial standing. Unfairly discriminatory rates suggest that similar risks are charged different amounts without a justifiable basis, leading to inequities among policyholders. These regulatory principles are grounded in ensuring that insurance remains accessible and equitable for consumers while maintaining the financial health and solvency of insurers. Adherence to these standards is critical in maintaining consumer trust and the integrity of the insurance market.

9. What does an insurer adjuster do?

- A. Conduct marketing research**
- B. Evaluate damages and losses and determine payments**
- C. Sell policies to clients**
- D. Provide legal advice to clients**

An insurer adjuster plays a critical role in the claims process by evaluating damages and losses incurred by the insured. Upon receiving a claim, the adjuster investigates the situation, assesses the extent of the damage, and gathers evidence related to the claim. This evaluation helps the adjuster determine how much the insurer should pay under the terms of the insurance policy. The adjuster's responsibilities not only involve a thorough assessment of the physical damage but also include reviewing policy coverage, gathering statements from the insured and witnesses, and sometimes working with experts such as appraisers or contractors. This comprehensive analysis is essential for ensuring that claims are processed fairly and in accordance with policy limits. By determining the appropriate compensation amount, the adjuster plays a key role in helping both the insurer manage their financial liability and the insured receive the benefits they need to recover from their loss.

10. What is the purpose of the covered auto symbols in a Business Auto Coverage Form?

- A. They determine the amount of coverage**
- B. They describe which vehicles are covered**
- C. They affect the premium cost**
- D. They specify the types of drivers allowed**

The covered auto symbols in a Business Auto Coverage Form are essential as they delineate which specific vehicles are included under the terms of the policy. These symbols categorize vehicles based on how they are used and the ownership status of the insured. For instance, they may indicate whether coverage applies to owned vehicles, leased vehicles, or other types of vehicles, thus informing the policyholder regarding the extent of coverage available. Understanding the symbols allows both the insurer and the insured to have clarity on what vehicles are protected under the insurance policy, thereby enabling proper risk assessment and management. This specification is crucial in handling claims, as it helps determine if a vehicle involved in an incident is indeed covered by the 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://utpropertycasualty.examzify.com>

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

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