

# Commonwealth Schools of Insurance

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P.O. Box 22414, Louisville, KY 40252-0414 • 502.425.5987 • FAX 502.429.0755

E-mail: [info@commonwealthschools.com](mailto:info@commonwealthschools.com)

## INSTRUCTIONS TO COMPLETE THE CONTINUING EDUCATION COURSE

Thank you for choosing the Commonwealth Schools of Insurance to fulfill your continuing education requirements.

Please follow the instructions below to complete the course:

### STEP 1

Please print out the ANSWER SHEET, CERTIFICATE and QUESTIONS that follow this page. After printing the ANSWER SHEET, please fill out the requested information clearly and completely.

### STEP 2

TEST QUESTIONS must be answered on the page that follows. You must score 70% or better to receive credit for this course.

### STEP 3

After completing the TEST and STUDENT INFORMATION marked with a **RED X** on the Certificate of Completion, **mail the completed forms to:**

Commonwealth Schools of Insurance, Inc.  
P O Box 22414  
Louisville, KY 40252-0414

Please note that your ANSWER SHEET and CERTIFICATE will not be processed without payment. Payment arrangements are listed on the ANSWER SHEET.

### **YELLOW CARD SPECIAL**

*Simply complete and return all 24 hours of CE at the same time.  
Regardless of the prices listed, your total charge will be*

***\$110.00***

### NOTICE

*The material contained herein may not be duplicated without the express written permission of Commonwealth Schools of Insurance.*

*The material contained in this course cannot be used as an original source of authority on legal matters. Any references made to laws and regulations in this material have been edited and summarized for clarity; and changes in these laws and regulations may have occurred since this course was published. The reader should always consult legal counsel as appropriate.*

Commonwealth of Kentucky  
Department of Insurance - Agent Licensing Division  
P. O. Box 517 - Frankfort, Ky. 40602  
502-564-6004 <http://insurance.ky.gov>

APPROVED CONTINUING EDUCATION COURSE

CERTIFICATE OF COMPLETION

STUDENT NAME: **X** \_\_\_\_\_

CONTINUING EDUCATION COURSE IDENTIFICATION

Course Title: Automobile Insurance

Course Certification Number: C09225

Course Completion Date: \_\_\_\_\_ Number of Hours: 8

Instructor Name: PLEASE LEAVE BLANK  
(Required if certification is for a classroom course)

Provider Name: **Commonwealth Schools of Insurance, Inc.**

Provider Certification Number: **S12128/PROV0085**

PROVIDER CERTIFICATION:

*I hereby certify that this course was conducted as approved by the Commonwealth of Kentucky Department of Insurance. I further certify that the person whose name appears above did personally complete this course on the date indicated. Also, I acknowledge that fraudulent certification of this document will result in immediate withdrawal of approval of the provider, plus penalties, and simultaneous withdrawal of approval of all of the provider's courses (KRS 304.9-295 and 806 KAR 9:220).*

Name: James F Davis

Authorized Provider Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT CERTIFICATION:

*I hereby certify that I personally completed the course listed above in the manner required to satisfy Kentucky's continuing education laws and regulations. Also, I acknowledge that fraudulent certification of completion of this course will result in cancellation of my agent, adjuster, and/or life settlement broker licenses (KRS 304.9-295 and 806 KAR 9:220).*

Name: **X** \_\_\_\_\_ DOI# or NPN: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_ Date: **X** \_\_\_\_\_

*The provider is required by law to give the student who successfully completes any continuing education course the original of this form upon completion of the course and to retain a copy in the provider's records for at least five years.  
For a classroom course, the provider is required by law to submit the Continuing Education Course Attendance Roster (Form CE-300) to the Department of Insurance within thirty days through eServices electronic submission. Students must verify that credit has been recorded for this class by visiting our website at: <http://insurance.ky.gov>. If credit does not appear, please verify with the provider that the Roster has been submitted. If the Roster has been submitted and you do not receive credit, please forward this original document to the Department directly, and keep a copy for your file.  
For all correspondence credits, the provider must submit the Course Completion to the Department through eServices, or the student must mail this original form to DOI and verify credit on our website, as required by KRS 304.9-295(10)(11).*

**Automobile Insurance**  
*(8 credit hours – LOA is Property & Casualty)*

**PLEASE PRINT CLEARLY**

<hr/> <b>First Name</b>	<hr/> <b>M.I.</b>	<hr/> <b>Last Name</b>	<hr/> <b>Last 4 Digits of SS# or DOI#</b>
<hr/> <b>Home Mailing Address</b>	<hr/> <b>City</b>	<hr/> <b>State</b>	<hr/> <b>Zip Code</b>
<hr/> <b>Business Address</b>	<hr/> <b>City</b>	<hr/> <b>State</b>	<hr/> <b>Zip Code</b>
<hr/> <b>Home Telephone</b>	<hr/> <b>Business Telephone</b>	<hr/> <b>Email Address</b>	
<hr/> <b>Date of Birth</b>	<hr/> <b>Month</b>	<hr/> <b>Year</b>	

**Mail completed forms and payment to:**

**Commonwealth Schools of Insurance  
P O Box 22414  
Louisville, KY 40252-0414**

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**YELLOW CARD SPECIAL**

*Simply complete and return all 24 hours of CE at the same time.  
Regardless of the prices listed, your total charge will be \$110.00*

**CHECKS AND ALL MAJOR CREDIT CARDS ARE ACCEPTED:**

**COURSE FEE \$44.00    or     Check Here for Yellow Card Special**

**CARD NO.** \_\_\_\_\_ **EXP DATE** \_\_\_\_\_

**CREDIT CARD BILLING ADDRESS** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

## Automobile Insurance

1. Insurance rates are normally higher for auto insurance in:
  - A. Low density rural areas
  - B. High density urban areas
  - C. Mountain states
  - D. Rates will not vary
  
2. Auto coverage extends to:
  - A. The owner of the vehicle
  - B. All members of insured's household regardless of age
  - C. Anyone driving vehicle with permission of named insured
  - D. All of the above
  
3. The most common type of auto insurance is:
  - A. Comprehensive
  - B. Collision
  - C. Liability
  - D. PIP
  
4. Split limit refers to what coverage:
  - A. Comprehensive
  - B. Collision
  - C. Liability
  - D. Med Pay
  
5. The minimum liability limit for Automobile in Kentucky is:
  - A. 20/40/10
  - B. 25/50/25
  - C. 25/50/10
  - D. 25/10/50
  
6. The Liability minimum limit for Automobile in Kentucky in a Single Limit policy is:
  - A. 50,000
  - B. 60,000
  - C. 85,000
  - D. 100,000
  
7. The Declarations Page will contain all the following, except:
  - A. Year, make and model of the insured car(s)
  - B. The policy effective date and termination date
  - C. The policy coverage types and limits
  - D. Definitions of property damage and bodily injury

8. Under newly acquired vehicles the policy provides coverage for a private passenger vehicle with a gross vehicle weight of no more than:
- A. 12,000 pounds
  - B. 10,000 pounds
  - C. 15,000 pounds
  - D. 8,000 pounds
9. One of the most important “definitions” to fully understand is the definition of:
- A. Vehicle usage
  - B. Weight of vehicle
  - C. Named insured
  - D. Work vs. Pleasure usage
10. The insured purchases a non-customized van and adds it to his auto policy with “full” coverage. A year later he has the van fully customized, leather seats, refrigerator, TV, but does not inform his agent. Months later he rolls the van over an embankment with extensive damage to the interior. The collision coverage will pay (after deductible):
- A. The actual cash value of repairs including customized items
  - B. The actual cash value of the repairs to the van excluding damage to customized items
  - C. Full repair costs and no deductible
  - D. Loss not covered
11. The Insured, driving 20 miles over the posted limit hits a pothole which breaks the front axle and blows a tire. He has full coverage. What “coverage” would pay for damage to the insured vehicle?
- A. All damages, less the deductible, as a result of the accident, under Collision
  - B. All damages, less the deductible, as a result of the accident, under Comprehensive
  - C. None, pot holes are excluded from coverage
  - D. All damages except cost of blown tire
12. An insured making claim for injuries from an uninsured driver could make claim under UMC in all but one of the following:
- A. The at fault driver does not have liability coverage at the time of an accident.
  - B. An unidentified driver who hits the insured’s car but leaves the scene of the accident.
  - C. An Insured who settles with an at fault driver without the consent of the insured’s insurance carrier.
  - D. The at fault driver has insurance, but less than the Kentucky state minimum.

13. All the following describe PIP or Personal Injury Protection, except:
- A. PIP can cover more than medical expenses, such as lost wages, child care, funeral expenses
  - B. PIP becomes effective specifically due to bodily injury that is caused by a covered auto accident
  - C. Coverage of necessary medical and hospital expenses for all those in the Insured's vehicle
  - D. PIP pays only when the Insured is at fault
14. Policy Territory describes where the auto can be driven and maintain coverage of the policy. The exception is:
- A. Puerto Rico
  - B. Canada
  - C. Mexico
  - D. Alaska
15. There are five basic parts of an automobile policy. Which part describes the exact type and extent of coverage selected by the insured?
- A. Declarations
  - B. Agreements
  - C. Conditions
  - D. Definitions
16. Which of the five basic parts of the auto policy contains the rules by which both parties must abide?
- A. Declarations
  - B. Agreements
  - C. Conditions
  - D. Definitions
17. The perils to be insured against are found in which part of the policy?
- A. Declarations
  - B. Agreements
  - C. Conditions
  - D. Definitions
18. Which coverage part provides payment for the damage to the insured's vehicle as a result of a tree falling on the car during a windstorm?
- A. Collision
  - B. Property Damage
  - C. Comprehensive
  - D. Liability

19. Of the three basic elements of a contract, which party makes the offer?
- A. The agent
  - B. The prospect
  - C. The Insurance company
  - D. Whoever calls first
20. What is the state minimum requirement for Property Damage coverage?
- A. 25,000
  - B. 10,000
  - C. 50,000
  - D. There is no minimum
21. Premium rates are determined by what factor or factors?
- A. Type of vehicle
  - B. Purpose or use of the vehicle
  - C. The location of residence for the vehicle
  - D. All of the above
22. Personal Injury Protection is an additional coverage offered to Kentucky citizens. It's minimum limit is:
- A. 25,000
  - B. 10,000
  - C. 5,000
  - D. 50,000
23. Liability coverage is required in Kentucky. The minimum limit is:
- A. 25/50/10
  - B. 10/20/10
  - C. 100/300/25
  - D. 25/50/25
24. Auto insurance fraud can involve which of the following:
- A. Misrepresenting facts on an auto application
  - B. Inflating claims
  - C. Submitting claims for damage or injuries that never occurred
  - D. All of the above
25. Which of the following situations describe "Hard" fraud as compared to "Soft" fraud?
- A. Purposely inventing a loss in order to receive payment.
  - B. Illegally registering a car to a location that would net a cheaper insurance rate.
  - C. Faking injury and submitting false medical claims.
  - D. All of the above.