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GUIDEWIRE ASSOCIATE EXAM 2024 (QUESTIONS WITH CORRECT ANSWERS) GUARANTEED PASS

What are some reasons for a non-developer to understand the technology stack?

- To determine what data is stored and if new requirements need additional data elements.
- To know how and where data is used.
- To communicate what data may be needed beyond what is in the base configuration.
- To determine valid values or circumstances for the new data.

What are some examples of what can be configured in the User Interface?

- The order of fields, change labels, regroup fields (simple change).
- Fields on a screen (moderate change).
- Screens (complex change).
- Screen-based logic (complex change).

What are the four main areas of configuration in a Guidewire application?

1. User Interface
2. Data Model
3. Application Logic
4. Integration

What are some of the technologies used in InsuranceSuite applications?

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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">Quality Analyst Basics: This domain covers quality assurance fundamentals including driving quality throughout development, integrating quality from inception, risk assessment and mitigation, test strategy selection, and defect management processes.
Topic 2	<ul style="list-style-type: none">Claim Center Financials Transactions: This section covers financial controls including payment approvals and holds, contact and vendor management, service request handling, and security framework with permissions and access control lists.
Topic 3	<ul style="list-style-type: none">InsuranceSuite Analyst Fundamentals: This domain covers InsuranceSuite platform fundamentals including user interface, data model, application logic, integration mechanisms, and hands-on workshop exercises for practical application.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q33-Q38):

NEW QUESTION # 33

Which two best practices should a Business Analyst (BA) follow to be prepared for a Requirements Workshop? (Choose two.)

- A. Review acceptance criteria.
- B. Review base product functionality of ClaimCenter for related process.
- C. Invite end users with knowledge of related process.
- D. Ask the Project Manager to set an agenda.
- E. Review notes from Inception Workshop.

Answer: B,E

Explanation:

Preparation is key to a successful Requirements Workshop (or Elaboration Workshop). The BA must enter the room with a clear understanding of the project scope and the tool's capabilities.

* Review Notes from Inception (B):TheInception Phasedefines the high-level scope, vision, and business objectives. Reviewing these notes ensures the BA understands the boundaries of the discussion (e.g., "We are doing Auto Hail damage, but not Property Hail damage yet") and the strategic goals defined by the sponsors.

* Review Base Product Functionality (C):To effectively lead the session and recommend solutions (as seen in Question 22), the BA must be familiar with how ClaimCenter handles the specific topic (e.g., Check Wizards, Coverage Verification) out-of-the-box. This allows the BA to demo standard features during the workshop to drive "Fit-to-Standard" discussions rather than starting from a blank sheet of paper.

* Why not A, D, or E?Inviting users (A) and setting agendas (E) are logistical tasks often handled by the Project Manager or shared; they are not "personal preparation" of knowledge. Acceptance Criteria (D) are typically writtenduringorafterthe workshop, not reviewed beforehand (unless refining an existing story).

NEW QUESTION # 34

Succeed Insurance has a requirement to add a new high-risk indicator to the Claim Status screen for property claims that have a lien on the property. A new icon will be added to the configuration to provide a visual indicator making it easier for Adjusters and other ClaimCenter users to determine that a claim has a lien.

Which two common areas of the user interface (UI) can display the new lien icon? (Choose two.)

- A. Screen Area
- B. Info Bar
- C. Workspace
- D. Tab Bar
- E. Sidebar

Answer: A,B

Explanation:

In the standard Guidewire ClaimCenter User Interface architecture, high-priority alerts and claim indicators are displayed in two primary locations to ensure visibility:

* The Info Bar (Option D): This is the persistent strip located at the top of the claim file (just below the Tab Bar). It remains visible regardless of which specific claim sub-screen (Medical, Financials, Notes) the user is navigating. It is designed specifically to host "High Risk Indicators" such as Litigation, Fatalities, Coverage issues, and in this scenario, a "Lien" indicator. This ensures the adjuster is aware of the critical status immediately upon opening the claim.

* The Screen Area (Option A): Specifically, the Claim Status (or Summary) screen—which resides in the main Screen Area—contains a dedicated section for "Claim Indicators." Here, the icon is displayed along with a text description and potential toggle status (On/Off). The prompt explicitly mentions the requirement to "add a new high-risk indicator to the Claim Status screen," confirming the Screen Area as the second location.

Why other options are incorrect:

* Sidebar (B): The sidebar (left panel) is used for the "Actions" menu and navigation links (steps) to move between screens. It does not typically host status icons for the claim object itself.

* Workspace (C): While "Workspace" can refer to the application frame, in UI terminology, it often refers to the specific worksheets (bottom pane) or the container, not the specific UI element for indicators.

* Tab Bar (E): The Tab Bar is for high-level navigation (Claim, Desktop, Administration, Search) and does not display claim-specific data icons.

NEW QUESTION # 35

A claim for an auto accident in California has been assigned to an insurance Adjuster in the Midwest region for investigation and processing. The claim has been flagged as "Low Complexity" in ClaimCenter. The Adjuster has an authority limit for total reserves of \$30,000 and has created reserves totaling \$35,000.

What is the correct approval routing for this transaction?

- A. The transaction will require approval from the Supervisor of the group.
- B. This transaction will require approval because the Adjuster does not work in the same region where the claim was reported.
- C. This transaction will not require approval because the claim is identified as low complexity.
- D. The transaction will require approval from another team member who has the authority limit to approve.

Answer: A

Explanation:

Based on the Guidewire ClaimCenter Financials and Authority Limits documentation, the correct behavior for this scenario is determined by the strict enforcement of Authority Limits, regardless of claim complexity or geographic region.

In ClaimCenter, every user is assigned specific authority limits for various financial transactions, including reserves, payments, and recovery reserves. These limits are absolute constraints designed to control financial exposure. In the scenario provided, the Adjuster attempted to set a reserve of \$35,000, which exceeds their authorized limit of \$30,000.

When a user submits a financial transaction that exceeds their pre-configured authority limit, ClaimCenter automatically triggers an Approval Workflow. The system validates the transaction amount against the user's limit at the time of submission. Since the limit is breached, the transaction is not committed immediately to the database as "Submitted"; instead, it enters a "Pending Approval" status.

Routing Logic:

The standard, out-of-the-box approval routing logic in ClaimCenter follows the Group Hierarchy.

* The system identifies the group to which the Adjuster belongs.

* It creates an Approval Activity.

* This activity is assigned to the Supervisor of that group.

The Supervisor must then review the transaction. If the Supervisor has sufficient authority (greater than \$35,000), they can approve it. If the Supervisor also lacks sufficient authority, they must still "approve" it to escalate the request further up the hierarchy to their manager, until it reaches a user with sufficient limits.

Why other options are incorrect:

* A (Complexity): Claim complexity flags (e.g., "Low Complexity") are often used for Assignment rules (Segment-based assignment) or straight-through processing of documents, but they do not override Financial Authority controls. A low-complexity claim still requires financial oversight if the dollar amount is high.

* B (Peer Approval): Approval routing is hierarchical, not peer-to-peer. It does not look for "any" team member; it looks specifically for the defined Supervisor.

* C (Region): The region mismatch might trigger an assignment rule or a validation warning depending on configuration, but the specific trigger for the approval here is purely the financial discrepancy (\$35k > \$30k), not the geography.

NEW QUESTION # 36

At Succeed Insurance, new personal auto claims involving a fatality are assigned to a High Complexity Auto group made up of Adjusters with at least eight years of experience dealing with the issues and emotions commonly found in claims involving fatalities. Fatality claims typically take 18 to 24 days to complete. The assigned Business Analyst (BA) will document the assignment rule for this requirement in User Story Card Assign Claims Exposures and Activities for a Personal Auto Claim - Foundational. The existing tab UI Validation & Business Rules shown below is not a good fit for assignment rules, so a new tab will be added to the Story Card.

□ Which two sets of columns should the new tab include to accurately capture the assignment rule requirements? (Choose two.)

- A. Global Assignment Rule, Default Group Assignment Rule, Exit Type
- B. Name of DV or LV, Field or Filter, Rules or Links to Master Business Rules Spreadsheet
- C. Error or Warning?, Base Product/New/Modified, Acceptance Criteria
- **D. Entity, Line of Business, Rule Conditions, Rule Actions**
- **E. Comments, Wave or Release, Requirement Number**

Answer: D,E

Explanation:

When documenting Assignment Rules (or any business logic) in a User Story Card or a separate Business Rules spreadsheet, the Business Analyst must capture specific metadata that allows developers to implement the logic correctly in Gosu (Guidewire's programming language).

* Option D (Entity, Line of Business, Rule Conditions, Rule Actions): This is the core logical definition of the rule.

* Entity: Defines what object is being assigned (e.g., Claim, Exposure, Activity).

* Line of Business: Specifies the scope (e.g., Personal Auto).

* Rule Conditions: Captures the "IF" logic (e.g., "IF Loss Cause = Fatality AND LOB = Personal Auto").

* Rule Actions: Captures the "THEN" logic (e.g., "THEN Assign to Group: High Complexity Auto").

* This structure mimics the actual implementation pattern in Guidewire Studio (Rule Sets).

* Option E (Comments, Wave or Release, Requirement Number): These are standard project management and traceability columns required for any requirements artifact.

* Requirement Number: Links the specific rule row back to the high-level business requirement.

* Wave or Release: Indicates when this specific rule needs to be deployed.

* Comments: Provides context or clarification for the developer.

Why other options are incorrect:

* Option A: These columns ("Name of DV or LV", "Field or Filter") are specific to UI Validation (the tab currently shown in the image). They describe screen widgets and validation errors, not backend assignment logic.

* Option B: While "Global Assignment Rule" and "Default Group Assignment Rule" are valid Guidewire concepts, listing them as columns is not the standard way to document a list of requirements. Usually, the rule type would be a single column, but "Exit Type" is a technical implementation detail (part of the rule set execution) rather than a business requirement column.

* Option C: "Error or Warning?" is specific to Validation Rules (stopping a user from proceeding), not Assignment Rules (routing a work item).

Next Step: Would you like me to generate a sample "Assignment Rule" table structure that shows exactly how this Fatality claim rule would be entered into the columns described in Option D?

NEW QUESTION # 37

Drivers for Rideshare companies need insurance that provides protection when they are driving the vehicle for personal reasons. This will be the Succeed Insurance standard Personal Auto Policy. However, they also need insurance to protect them from the increased risks associated with working as a Rideshare Driver. This would include when they are logged in to the Rideshare application waiting for a customer match, on their way to pick up a customer, but not when a customer has entered the vehicle.

When a driver is working as a Rideshare Driver, this new Rideshare coverage will protect them from the following types of risks, and there is a need to be able to collect the appropriate information about the losses:

- . Injury to a first-party driver
 - . Damaged personal property of the third-party passengers
- Which two exposures need to be configured? (Choose two.)

- A. Rideshare Liability Under Insured Motorist
- B. Rideshare Liability Personal Injury Protection
- C. Rideshare Medical Payments
- D. Rideshare Personal Property Protection
- E. Rideshare Liability Bodily Injury

Answer: C,D

Explanation:

250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:

To satisfy the requirements for the new "Rideshare" coverage product, the Business Analyst must map the described risks to the correct Exposure Types in the ClaimCenter data model.

* Risk: Injury to a first-party driver: In insurance terminology, "First Party" refers to the insured (the driver). Coverage for injuries sustained by the driver themselves is typically handled by Medical Payments (MedPay) or Personal Injury Protection (PIP). Among the choices provided, Rideshare Medical Payments (Option C) is the correct exposure type to cover medical costs for the driver regardless of fault. (Option E, Liability Bodily Injury, would cover injuries to other than the driver hit).

* Risk: Damaged personal property of third-party passengers: This refers to liability for damage to property belonging to others. While typically "Property Damage Liability," the specific option provided that fits this description is Rideshare Personal Property Protection (Option B). This exposure would be configured to capture details about the damaged items (e.g., luggage, electronics) belonging to the passengers.

Why other options are incorrect:

* Option E (Liability Bodily Injury): This is for Third Party injuries (e.g., pedestrians or people in other cars), not the First Party driver.

* Option D (Under Insured Motorist): This applies when the Rideshare driver is hit by someone else who doesn't have enough insurance. The prompt focuses on the risk of the driver working, not the financial failure of others.

NEW QUESTION # 38

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