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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 Analyst - Mammoth Proctored Exam Sample Questions (Q44-Q49):

NEW QUESTION # 44
What is the importance of a mock-up of the user interface (UI) design?

- A. A mock-up tells the customer what the current ClaimCenter user experience is.
- B. A mock-up shows the viewer what the intended ClaimCenter user experience is.
- C. A mock-up illustrates for the viewer the integration of ClaimCenter with outside sources.
- D. A mock-up illustrates for the customer what the final ClaimCenter user experience is.

Answer: B

Explanation:
In the context of a Guidewire implementation project, a User Interface (UI) Mock-up is a visual tool used during the requirements gathering and design phases. Its primary purpose is to illustrate the intended user experience before development begins.
* Visualization of Requirements:Mock-ups bridge the gap between abstract written requirements (User Stories) and the concrete software product. They show stakeholders how the screens will look and function to meet their needs.
* Intended vs. Final:Option A is correct because the mock-up represents theproposedorintendeddesign.
Option D ("Final") is subtly incorrect because the "final" experience is the actual, functioning software, which may evolve slightly from the mock-up during development due to technical constraints or feedback.
* Current vs. Integration:Option B refers to the existing system (Current state), which is typically shown via live demo, not a mock-up. Option C refers to backend integrations, which are typically documented via data mapping spreadsheets or architecture diagrams, not UI mock-ups.

NEW QUESTION # 45
A sales executive and business traveler has a full coverage auto policy through his insurance company. The executive lives in Detroit, Michigan and often drives across the border to visit client offices in Canada.
While driving in downtown Toronto, the executive's car was hit by a truck coming the wrong way. He called his insurance company to report a claim for this accident. However, the Customer Service Representative (CSR) cannot confirm there is an active policy on file.
How should this claim be handled?

- A. If the policy is not verifiable, the CSR will ask the executive to call back when he has the policy information to complete the report and create the claim.
- B. If the policy is not verifiable, the CSR will create the claim as an unverified policy claim and retrieve the correct policy when more information available.
- C. If the policy is not verifiable, the CSR cannot create the claim as a verified, active policy is a minimum requirement to create a claim.
- D. If the policy is not verifiable, the CSR will notify a Supervisor to escalate the case for investigation and submits notes in ClaimCenter for reference.

Answer: B

Explanation:
Guidewire ClaimCenter is designed to handle First Notice of Loss (FNOL) scenarios where the policy system is unavailable or the specific policy cannot be immediately located. The correct standard procedure is to create an Unverified Policy claim.
* Unverified Policy Workflow:The New Claim Wizard allows the user to select "Unverified Policy" if a search returns no results.
This allows the CSR to proceed with capturing critical accident details (Loss Details, Vehicles, Injuries) and providing service to the customer immediately.
* Reconciliation:Later, once the correct policy number is found or the policy system comes back online, the claim can be updated.
The "Unverified Policy" feature specifically supports the "Select Policy" step of the wizard to ensure claims are not blocked by administrative data issues.
* Customer Experience:Option A (asking the customer to call back) is poor service and contrary to ClaimCenter's design philosophy. Option D is incorrect because a verified policy isnota hard blocking requirement for creating a draft claim in this specific

workflow.

NEW QUESTION # 46
Succeed Insurance is implementing a slightly modified version of ClaimCenter to suit its organization's needs.
The modification will include adding two new required fields to the standard user interface to capture the reporter's Preferred Language and Preferred Contact Time. This requirement is critical for Succeed to improve efficiency and the expediency of claims processing in its region.
Under which ClaimCenter theme will the User Story Card be found for documenting these requirements?

- A. Settle/Close
- B. Adjudicate
- C. Intake
- D. Special Services

Answer: C

Explanation:
In the Guidewire implementation methodology, User Stories are categorized into Themes that align with the high-level business processes of the claim lifecycle.
* Intake (Option A):TheIntaketheme covers theFirst Notice of Loss (FNOL)process and the "New Claim Wizard." The requirement specified is to capture data regarding the "Reporter" (the person reporting the loss) and their contact preferences. In ClaimCenter, Reporter information is collected at the very beginning of the New Claim Wizard (Step 1: Search/Create Policy and Reporter). Because this data entry occurs during the initial setup of the claim, the User Story governing these UI changes belongs to theIntaketheme.
* Context:Improving "expediency of claims processing" often relies on accurate data capture at the Intake stage so that downstream assignment and communication can be handled correctly from the start.
Why other options are incorrect:
* Adjudicate (B):This theme covers the investigation, evaluation, and negotiation phases that occurafter the claim is created.
* Settle/Close (D):This theme covers the payment issuance and final closure of the file.
* Special Services (C):This typically refers to Vendor Management or specialized sub-processes, not the core FNOL reporter data.

NEW QUESTION # 47
Succeed Insurance needs the ability to associate a primary hospital with an injury incident if the injured party received treatment.
When treatment is needed, the primary hospital name should display on the injury incident screen along with other details about the injury and treatment received.
The primary hospital should be added to the injury incident in one of the following ways:
. Select the name from a list of medical care organizations already associated with the claim.
. Enter the contact details directly in the incident.
. Search the Address Book from the incident to locate a hospital.
Which two requirements must be documented to associate the primary hospital with the claim? (Choose two.)

- A. A new field in the Address Book to identify a vendor as a hospital
- B. A new Hospital contact subtype
- C. A new primary hospital role
- D. A new field on the incident screen to add a contact with a role

Answer: C,D

Explanation:
To implement the functionality of associating a specific contact (the "Primary Hospital") with an entity (the "Injury Incident") in Guidewire ClaimCenter, two core configuration components are required:
* A new primary hospital role (Option B):In ClaimCenter, the relationship between a Contact and a Claim (or Incident) is defined by aRole. While the contact itself might be a "Medical Care Organization" (existing subtype), thecontextof its relationship to this specific incident is that it is the
"Primary Hospital". Defining this role allows the system to distinguish this hospital from other medical providers on the same claim.
* A new field on the incident screen (Option C):To allow the user to select, add, or view this contact, a UI element (specifically aClaim Contact Pickeror Input widget) must be added to the Injury Incident screen. This field will be configured to store the relationship and allows the user to perform the required actions: selecting from existing contacts (filtered by the role), entering new ones, or searching the Address Book.

Why other options are incorrect:
* A (New Subtype):The base product already includes the MedicalCareOrg contact subtype, which is sufficient to store hospital data. Creating a new subtype is unnecessary unless the data structure (fields) of a hospital is fundamentally different from other medical providers.
* D (Address Book Field):Contacts in the Address Book are typically identified by tags or their Subtype, not by adding a custom field just to identify them as a vendor/hospital.

NEW QUESTION # 48
Which two components are necessary to create the check(s) using the wizard? (Choose two.)

- A. Payee
- B. Payment tied to an activity
- C. Payment tied to a reserve line
- D. Date of the claim

Answer: A,C

Explanation:
The Check Wizard in Guidewire ClaimCenter enforces strict financial integrity rules. To successfully create a check, the user must define the source of funds and the recipient.
* Payment tied to a Reserve Line (Option A):Every payment must be allocated to a specificReserve Line(combination of Exposure, Cost Type, and Cost Category). This ensures that the payment consumes the correct financial reserves and maps to the correct coverage on the policy. You cannot create a "floating" payment; it must be tied to a reserve line.
* Payee (Option C):A check is a legal instrument that must be payable to a specific entity. Selecting a Payee(from the claim contacts) is a mandatory step in the wizard.
Why other options are incorrect:
* B (Activity):While paymentscanbe linked to activities (e.g., Service Requests), it is optional. Most indemnity payments are made directly without an underlying activity.
* D (Date of claim):The Loss Date is a property of the claim, but it is not a component selected or created duringthe check wizard process. The relevant dates in the wizard are the "Service Period" or
"Scheduled Send Date."

NEW QUESTION # 49
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