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## Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q44-Q49):

### NEW QUESTION # 44

An Adjuster at Succeed Insurance is handling a personal auto claim for an insured who hit a tree after swerving to avoid a child who ran into the road.

The Adjuster has this Authority Limit Profile:

The Adjuster creates a collision exposure and sets the initial reserves so that payments can be made to the insured for repairs to the damaged vehicle. No payments have been created yet.

The current financials for the claim are as follows:

Which two financial transactions will not require approval given that each option is the only transaction change rather than a cumulative change? (Choose two.)

- A. A partial payment of \$2,000 is made against the Claim Cost - Auto body reserve line.
- B. The Claim Cost - Auto body reserve line is increased to \$6,000.
- C. The Expense - A&O - Vehicle inspection reserve line is increased to \$550.
- D. A partial payment of \$1,100 is made against the Expense - A&O - Vehicle inspection reserve line.

**Answer: A,C**

Explanation:

To determine if a transaction requires approval, we must compare the proposed transaction against the Adjuster's Authority Limits and the current financial state of the claim.

\* Current State: Total Reserves = \$3,000 (\$2,500 Indemnity + \$500 Expense). Total Paid = \$0.

\* Adjuster Limits:

\* Claim Total Reserves Limit: \$5,000

\* Payments Exceed Reserves Limit: \$500

Evaluation of Options:

\* Option B (No Approval Required): Making a \$2,000 payment against the "Claim Cost - Auto body" reserve.

\* The available reserve is \$2,500. Since  $\$2,000 < \$2,500$ , the payment does not exceed the reserve.

\* The total payments on the claim would be \$2,000, which is well below the "Claim payments to date" limit of \$5,000.

\* Option D (No Approval Required): Increasing the Expense reserve to \$550.

\* This increases the total claim reserves from \$3,000 to \$3,050 ( $\$2,500 + \$550$ ).

\* Since \$3,050 is below the Adjuster's "Claim total reserves" limit of \$5,000, no approval is triggered.

Why other options require approval:

\* Option A: A payment of \$1,100 against a \$500 reserve means the payment exceeds the reserve by \$600.

The Adjuster's limit for "Payments exceed reserves" is only \$500. Since  $\$600 > \$500$ , approval is required.

\* Option C: Increasing the Auto body reserve to \$6,000 would raise the total claim reserves to \$6,500 ( $\$6,000 + \$500$ ). This exceeds the Adjuster's "Claim total reserves" limit of \$5,000, triggering an approval.

### NEW QUESTION # 45

Succeed Insurance has a strategic initiative to change auto insurance into a pay-as-you-drive model... When claims are processed, claimants must provide the log from the application for the date of incident. The log's details are essential to validation and analysis of the monitoring system's activity at the time of the incident.

Without the application log, claims should not be processed to indemnification.

Executives say the implementation team must maintain the base product functionality where appropriate and only change those things essential to the success of the initiative...

Which two requirements are in scope based on the guiding principles? (Choose two.)

- A. As an Adjuster, vehicle mileage/kilometers must be captured during adjudication to track mileage /kilometers, and potentially prevent fraudulent activities.
- B. As an Adjuster, the insured application log must be received, reviewed, and attached to the claim to analyze and validate the monitoring systems activity at the time of the claim.

- C. As a business, integration to the top five vehicle manufacturers must be completed to maximize accuracy of claim processing. Succeed intends to complete one integration every 30 days.
- D. As an Adjuster, the system should prevent indemnification of claimants if the application log has not been provided and reviewed to prevent payments without validation.

**Answer: B,D**

Explanation:

When defining scope based on specific strategic initiatives and guiding principles (such as "only change those things essential"), the Business Analyst must map requirements directly to the stated business rules and critical success factors.

\* Requirement D (Log Intake):The scenario explicitly states:"The log's details are essential to validation and analysis... claimants must provide the log."Option D directly captures this by requiring the log to be received, reviewed, and attached. This is the core data intake requirement.

\* Requirement C (Validation Rule):The scenario states:"Without the application log, claims should not be processed to indemnification."Option C directly maps to this business rule. It utilizes base product capabilities (Validation Rules) to enforce the "No Log, No Pay" constraint, ensuring the initiative's security and validity.

Why other options are incorrect:

\* Option B (OEM Integration):The scenario mentions leveraging integration "where possible," but creates a requirement for "application logs," not direct integration with "top five vehicle manufacturers." Adding a rigid schedule ("one integration every 30 days") is a high-cost, high- complexity constraint that contradicts the principle of maintaining base functionality and minimizing cost/maintenance unless explicitly required.

\* Option A (Mileage):While mileage is part of the concept, theessentialrequirement described for the claim process is thevalidation of the logfor the incident. Tracking mileage is secondary to the critical path of validating the accident data via the log.

#### NEW QUESTION # 46

What are two recommended best practices with user interface (UI) mock-ups in a ClaimCenter implementation project? (Choose two.)

- A. A Business Analyst (BA) should document the requirement number associated with the mock-up and then use a user interface (UI) mock-up tool to build the mock-up.
- B. When creating a user interface (UI) mock-up, a Business Analyst (BA) should take a clear screen shot. User interface (UI) mock-up tools should not be used.
- C. When a Business Analyst (BA) does not have access to a tool, it is acceptable to take a clear screen shot, then indicate on the image how the screen should appear to meet the requirements.
- D. A live system demonstration is acceptable in place of using a user interface (UI) mock-up to describe needed changes to the user interface.

**Answer: A,C**

Explanation:

In a Guidewire implementation, User Interface (UI) mock-ups serve as critical visual aids to bridge the gap between written business requirements and the final technical solution.

\* Best Practice 1 (Option B):While sophisticated prototyping tools (like Balsamiq or Axure) are valuable, they are not always strictly necessary for every change. A "low-fidelity" mock-up is often sufficient and highly effective for minor adjustments. If a BA lacks access to specialized software, the recommended best practice is to take a screenshot of the existing ClaimCenter screen and overlay it with text boxes, arrows, or simple graphics (using tools like Paint or PowerPoint) to clearly indicate where fields should be added, moved, or removed. The goal is clarity of intent, not artistic perfection.

\* Best Practice 2 (Option D):Traceability is fundamental to the Agile and hybrid methodologies used in Guidewire projects. Every artifact, including mock-ups, must be traceable back to the specificUser StoryorRequirement Numberit supports. By explicitly documenting the requirement number on or with the mock-up, the BA ensures that developers understand exactly which functionality is being visualized and that QA testers can validate the final screen against the correct scope.

Why other options are incorrect:

\* Option A:A live demo shows thecurrentstate. It cannot effectively demonstratefuturechanges (fields that don't exist yet) without a visual mock-up to accompany the explanation.

\* Option C:Stating that tools "should not be used" is incorrect; tools are generally encouraged when available to create high-fidelity prototypes.

#### NEW QUESTION # 47

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

**Answer: A,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 others that 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 risks of the driver working, not the financial failure of others.

#### **NEW QUESTION # 48**

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

**Answer: D,E**

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 # 49

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