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Question 1

Question Type: MultipleChoice

Which scenario shows a Business Analyst (BA) demonstrating an important way to use Guidewire's Business Process Flows during a product implementation?

Options:

A- We will use our Business Process Flow for First Notice of Loss (FNOL) to guide the development of custom configuration instead of Guidewire's Process for Flow FNOL because we would like to continue using our current process.
B- We will be leveraging base configuration, so we will reference Guidewire's Business Process Flow for assignments to make changes to our business process for claim assignment.
C- We will compare our Business Process Flow for First Notice of Loss (FNOL) to Guidewire's Business Process Flow for Reserve entry to identify whether process gaps exist.
D- We will not reference Guidewire Business Process Flows because we do not have the process flows for our current process documented to compare it.

Answer:

B

Explanation:

One of the primary value drivers of a Guidewire implementation is the 'Adopt' or 'Fit-to-Standard' approach, which encourages insurers to align their operations with industry best practices embedded in the software.

Best Practice (Option B): The most effective use of Guidewire's standard Business Process Flows is to use them as a reference to change the customer's internal processes. Instead of customizing the software to match a legacy (and potentially inefficient) way of doing things, the BA uses the base product flow to demonstrate how the system works out-of-the-box and guides the business to adapt their assignment logic to match this standard. This reduces customization costs and simplifies future upgrades.

Why Option A is incorrect: This describes the 'Gap' approach where the software is heavily customized to fit the old process ('continue using our current process'). This is considered an anti-pattern in modern implementations as it increases technical debt.

Why Option C is incorrect: Comparing FNOL (intake) to Reserves (financials) is comparing two completely different lifecycle stages, making the gap analysis invalid.

Why Option D is incorrect: Lack of documentation is not a valid reason to ignore the standard

flows; in fact, the standard flows can serve as the new documentation for the undocumented process.

Based on the Guidewire ClaimCenter Business Analyst documentation and the provided exhibits, here is the verified answer for Question 42.

Question 2

Question Type: MultipleChoice

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?

Options:

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

Answer:

D

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.

Question 3

Question Type: MultipleChoice

When capturing information about a damaged vehicle, Succeed Insurance requires that the total distance driven (miles/km) for the vehicle be captured as well. What is the best practice for a Business Analyst (BA) to determine if ClaimCenter already has a field to capture distance driven?

Options:

A- Log in to ClaimCenter and review the Vehicle Incident screen to see if there is a relevant field.

B- Check the full view of the Data Dictionary to see if a relevant field exists on the Vehicle entity.
C- Review the Guidewire ClaimCenter Application Guide for information on creating a vehicle incident.
D- Start Guidewire Studio, search for a Vehicle Incident screen and review it for a relevant field.

Answer:

B

Explanation:

The Data Dictionary is the definitive reference tool for Business Analysts to explore the data model of a Guidewire application.

Best Practice: To determine if a specific data point (like 'distance driven' or 'odometer reading') exists in the system's schema, the BA should consult the Data Dictionary. This auto-generated documentation lists all entities (such as Vehicle or VehicleIncident) and their associated fields (columns), along with data types and descriptions. This confirms existence even if the field is not currently exposed on the user interface.

Why Option B is better than A: Checking the UI (Option A) is unreliable because a field may exist in the database but be hidden, disabled, or not placed on the specific screen the BA is viewing.

Why Option B is better than C: The Application Guide (Option C) describes standard features and workflows but does not provide a granular, technical list of every database column, nor does it reflect any custom schema extensions added by the implementation team.

Why Option B is better than D: While Guidewire Studio (Option D) is a powerful tool that can verify this, it is primarily a developer environment. For a Business Analyst, the Data Dictionary is the intended, accessible 'Source of Truth' artifact for data modeling questions without requiring IDE access or technical code navigation.

Question 4

Question Type: MultipleChoice

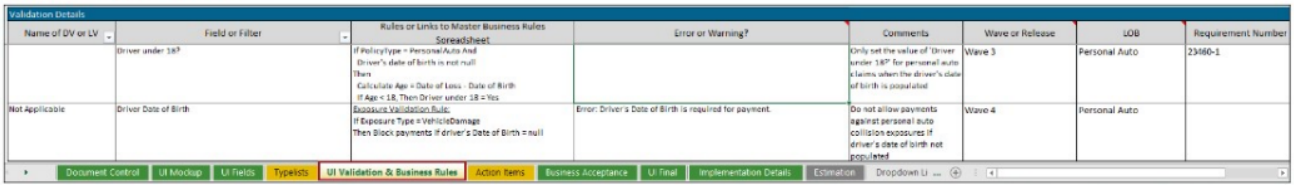
Succeed Insurance requires that a new 'Driver under 18?' field be added to the vehicle incident screen for personal auto claims to indicate whether or not the driver of the vehicle was a minor when the loss occurred. The field will be set by calculating the driver's age using the date of loss and the driver's date of birth.

There are two validation requirements:

The field must be set if the 'Date of Birth' field for the driver is not null.

No payments can be made for collision exposures if the 'Date of Birth' field for the driver of the vehicle is null.

A Business Analyst (BA) documents the validation requirements in the validation tab of the User Story Card 'Adjudicate - Update Maintain Vehicle Incident for Personal Auto Claims' as shown in the exhibit.



Validation Details

Name of DV or LV	Field or Filter	Rules or Links to Master Business Rules Spreadsheet	Error or Warning?	Comments	Wave or Release	LOB	Requirement Number
	Driver under 18?	If PolicyType = Personal Auto And Driver's date of birth is not null Then Calculate Age = Date of Loss - Date of Birth If Age < 18, Then Driver under 18 = Yes		Only set the value of 'Driver under 18?' for personal auto claims when the driver's date of birth is populated	Wave 3	Personal Auto	23460-1
Not Applicable	Driver Date of Birth	Exposure Validation Rule: If Exposure Type = VehicleDamage Then Block payments if driver's Date of Birth = null	Error: Driver's Date of Birth is required for payment.	Do not allow payments against personal auto collision exposures if driver's date of birth not populated	Wave 4	Personal Auto	

Document Control | UI Mockup | UI Fields | Typelists | UI Validation & Business Rules | Action Items | Business Acceptance | UI Final | Implementation Details | Estimation | Dropdown Li ...

What information in the two validation examples is either missing or incorrectly documented? (Choose two.)

Options:

A- The first requirement does not need a value in the LOB column since the rule condition provides a test for the policy type.
B- The first requirement is missing the name of the DV or LV file for the new field, and an error or warning message should be provided.
C- The second requirement is missing a requirement number, and the rule condition should check for a policy type of personal auto.
D- The second requirement is missing the name of the DV or LV file where the warning or error message will display when the validation fails.
E- The first requirement includes information on how to set the new 'Driver under 18?' field in the Rules column, which is not needed.

Answer:

C, D

Explanation:

The User Story Card exhibit contains several documentation errors when compared to standard Guidewire requirements gathering best practices and the specific scenario provided.

Missing Requirement Number and Logic Gap (Option C):

Traceability: In the second row of the exhibit (the payment validation rule), the 'Requirement Number' column is completely blank. Traceability back to the original requirements document is mandatory for all entries.

Logic Precision: The requirement explicitly states that the rule applies to 'personal auto claims'. However, the logic documented in the 'Rules' column (If Exposure Type = VehicleDamage Then

Block...) does not check the Policy Type. It relies solely on the Exposure Type, which could exist on Commercial Auto policies as well. To accurately reflect the business requirement, the condition If PolicyType = Personal Auto must be added (similar to how it was done in the first row).

Missing DV/LV Context for Validation (Option D):

UI Anchoring: The second requirement is a validation rule that triggers an error ('Driver's Date of Birth is required...'). For the system to highlight the specific field on the screen (the 'Driver Date of Birth' widget) when the error occurs, the rule must be associated with the specific Detail View (DV) or List View (LV) where that field resides (e.g., VehicleIncidentDV). The exhibit lists 'Not Applicable' in the 'Name of DV or LV' column. This is incorrect because providing the DV name ensures the error message is displayed contextually next to the field rather than as a generic page-level error, improving the user experience.

Why other options are incorrect:

Option A: The LOB column is used for filtering, reporting, and release management. Even if the rule logic checks the policy type, the LOB column is required metadata and should not be removed.

Option B: While the first requirement (the calculation) lacks a DV name (which it should have), it is a Business Rule (assignment), not a validation. Therefore, it does not generate an error or warning message for the user, so the second part of Option B is incorrect.

Option E: The 'Rules' column is exactly where the calculation logic (Date of Loss - Date of Birth) belongs. The developer needs this information to implement the automation.

Question 5

Question Type: MultipleChoice

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.)

Options:

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

Answer:

B, C

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.

Question 6

Question Type: MultipleChoice

A car accident in a rural area of Durango, Colorado is reported to Succeed Insurance. The driver of the damaged car reportedly hit the base of a windmill tower while driving at night. There was no other passenger in the car when the accident happened, and the driver has a valid auto policy on file.

While the driver is not physically injured, the entire passenger side of the car has been severely damaged. Although the windmill is still functioning, the base of the tower has sustained multiple broken parts.

Which two incidents need to be created for the claim based on the reported accident? (Select two.)

Options:

A- Create another structure incident for windmill power damage
B- Create a property incident for the damaged windmill
C- Create a vehicle incident for the damaged car
D- Create a loss of use incident for the windmill tower
E- Create an injury incident for the driver

Answer:

B, C

Explanation:

In Guidewire ClaimCenter, an Incident is the data object used to capture the specific facts about 'what' was damaged or affected during the loss event. It serves as the foundation for creating Exposures (the financial liabilities).

Vehicle Incident (Option C): The scenario states that the insured's car has been 'severely damaged' on the passenger side. To record these facts---including the point of impact, the severity, and the vehicle description---the Adjuster must create a Vehicle Incident. This incident will eventually support the collision coverage exposure.

Property Incident (Option B): The accident involved the car hitting a 'windmill tower,' resulting in 'broken parts' to the base. In ClaimCenter, damage to third-party non-vehicular objects (like fences, poles, buildings, or towers) is captured using a Fixed Property Incident (often referred to generically as a Property Incident). This incident records the damage description and ownership of the windmill, which is necessary to handle the Property Damage Liability claim.

Why other options are incorrect:

Option E (Injury): The scenario explicitly states the driver is 'not physically injured.' Therefore, an Injury Incident is not required.

Option A ('Another structure'): The standard object for third-party fixed property damage is the Property Incident/Fixed Property Incident, not 'Another structure.'

Option D (Loss of Use): While possible later, the primary immediate damage is physical. Loss of Use is usually a secondary exposure type, not the primary incident definition for the tower itself.

Question 7

Question Type: MultipleChoice

An auto accident in Chicago, Illinois has been reported to Succeed Insurance. The customer service representative uses the ClaimCenter standard Claim Wizard to set up the new claim. The policy is verified in effect and based on the reported exposures the total loss points calculated is 38. There is also a note to have an expert inspection via approved vendor.

What is the most likely claim setup with regards to this reported auto accident?

Options:

A- The new claim will be segmented as low complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
B- The new claim will be segmented as high complexity auto claim, assigned to Midwest Complex Auto Adjusters Group, with activity for vehicle inspection.
C- The new claim will be segmented as high complexity auto claim, assigned to a Supervisor for further determination on next steps due to complexity.
D- The new claim will be segmented as mid-complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.

Answer:

B

Explanation:

ClaimCenter uses a logic-based process called Segmentation to categorize claims and Assignment to route them.

Complexity (Points): The 'Total Loss Points' score of 38 is significantly high. In standard configuration, high scores (typically indicating severe damage or total loss potential) trigger a High Complexity segmentation.

Assignment (Geography): The accident occurred in Chicago (Midwest). The assignment rules will match the geography (Midwest) with the complexity (High/Complex). Therefore, it routes to the Midwest Complex Auto Adjusters Group.

Workplan (Activity): The specific note regarding an 'expert inspection' translates into a generated Activity (likely 'Assign Vehicle Inspection' or similar) added to the claim's workplan.

Why other options are incorrect:

A & D (Low/Mid Complexity): A score of 38 is too high for 'Low Complexity' (which is usually for simple fender benders). Assigning a complex claim to a 'Low Complexity' group would violate standard routing logic.

C (Supervisor): Modern ClaimCenter configurations prefer Straight-Through Processing (STP) to a working group. Routing to a Supervisor is generally a fallback for exceptions, whereas this is a standard high-severity scenario that should go directly to the specialized adjusters.

Question 8

Question Type: MultipleChoice

A catastrophe has been created in ClaimCenter for Tropic Storm Dorian. Succeed Insurance requires that all claims resulting from the storm be attributed to that catastrophe when they are entered in ClaimCenter. The completion target is within three (3) days of claim creation and should be escalated if it is not completed within five (5) days.

Which required element for a business activity rule is missing?

Options:

A- Actions
B- TriggerEntity
C- RuleCondition
D- AppliesTo

Answer:

A

Explanation:

A complete Business Rule (specifically one designed to generate an Activity) consists of a Context (Trigger/Entity), a Condition (Logic), and an Action (Execution).

Missing Element: Actions (Option A): The scenario describes the trigger ('when they are entered'), the intent/condition ('resulting from the storm'), and the parameters of the resulting activity (Target: 3 days, Escalation: 5 days). However, it fails to specify the Action details required to execute the rule: specifically, who the activity should be assigned to (The Assignee) and the specific instruction to create the activity instance. Without defining the Action (e.g., 'Create Activity 'Review Catastrophe' and Assign to Claim Owner'), the rule cannot function.

Why other options are present:

TriggerEntity (B): Implied as the Claim (since the text says 'when they [claims] are entered').

RuleCondition (C): While 'resulting from the storm' is vague, it represents the business condition. The Action (assignment) is the most glaring omission preventing the workflow from reaching a user.

AppliesTo (D): This generally refers to the root entity (Claim), which is identified.