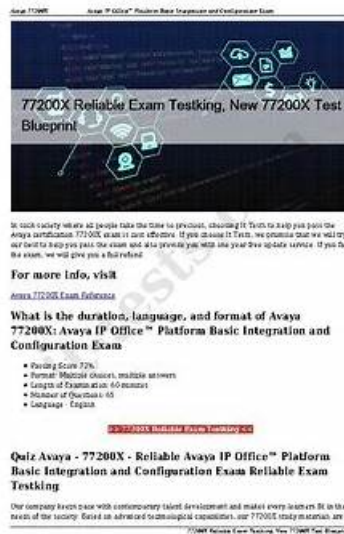


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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	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 2	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.
Topic 3	Behavior Driven Development at Guidewire: This section introduces BDD methodology and its application in Guidewire implementations, focusing on collaborative development approaches and writing clear, testable requirements using BDD principles.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q29-Q34):

NEW QUESTION # 29

Satisfied with the outcome of a Requirements Workshop, a Business Analyst (BA) attributed the success to preparation. The assigned task had been to document the requirements for capturing details on vehicle incidents for Personal Auto.

* Before the session, the BA reviewed ClaimCenter functionality by creating a new Personal Auto Claim involving physical damage to a vehicle.

* During review, the BA saw that ClaimCenter did not have a graphical representation of a vehicle with clickable hot spots to identify the damage areas like they have in their current application.

* Upon further research, the BA found that Guidewire does offer this functionality and even provides a Graphical Incident Capture Accelerator to ease implementation.

* During the workshop, the BA was able to clearly present all options for capturing vehicle incident details. Instead of having to develop the Vehicle Incident Capture functionality from scratch, the team was able to make a quick decision to add this functionality and end the meeting 30 minutes early.

Which two outcomes demonstrate the importance of preparing for a Requirements Workshop by becoming familiar with the features and functionality of ClaimCenter? (Choose two.)

- A. The BA was able to gain team acceptance of the base product process instead of the legacy system process.
- B. The BA was able to make decisions in advance about where gaps existed and where changes were needed.
- C. The BA was able to compare their legacy process to how ClaimCenter handles the same business process.
- D. The BA prevented the team from rebuilding something in a less effective way.

Answer: C,D

Explanation:

This scenario highlights the value of Feature Knowledge and Gap Analysis during preparation.

* Prevention of unnecessary work (Option A): Because the BA researched and found the "Graphical Incident Capture Accelerator," the team avoided the costly mistake of deciding to "develop the...

functionality from scratch." This is a direct outcome of the BA's preparation preventing an inefficient custom build.

* Comparison of Legacy vs. New (Option B): The text details that the BA "reviewed ClaimCenter functionality" and explicitly noted the difference ("saw that ClaimCenter did not have... like they have in their current application"). This ability to articulate the gap between the As-Is (Legacy) and the To-Be (Base ClaimCenter) allowed the BA to present the Accelerator as the perfect bridge solution.

Why other options are incorrect:

- * Option C: The team did not accept the "base product process" (which lacked the graphics); they accepted the Accelerator (an add-on) to match the legacy expectation of clickable hot spots.
- * Option D: The decision was not made "in advance." The text states the team made the "quick decision" during the workshop. The preparation enabled the team's decision, but the BA did not make it unilaterally beforehand.

NEW QUESTION # 30

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

Answer: B,D

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 # 31

An Adjuster at Succeed Insurance creates a check with a partial payment of \$1,200 for medical expenses payable to a claimant who was injured in a collision. The check has completed the following processing steps:

- . The payment exceeded the Adjuster's authority limits, changing the status to Pending Approval.
- . The Adjuster's supervisor reviewed and approved the payment, changing the status to Awaiting Submission.
- . A batch process sent the check to the external check processing system, changing the status to Requested when ClaimCenter received an update from the external system.

The Adjuster received new information indicating that the check amount should be reduced to \$950.

Which action should the Adjuster take?

- A. Edit the check and change the amount, then submit it for processing.
- B. Stop the check and create a new check for the correct amount.
- C. Void the check and create a new check for the correct amount.
- D. Ask the bank to hold the check and create a new check for the correct amount.

Answer: C

Explanation:

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

In the lifecycle of a check within Guidewire ClaimCenter, the Requested status indicates that the payment instruction has been successfully handed off to the downstream check writing or electronic funds transfer system. Once a check reaches this status, it is considered a committed financial transaction and is locked from further editing.

* Why Option A is incorrect: You cannot edit a check that is in "Requested" status. The "Edit" button will likely be disabled or the fields locked because the data has already left the system.

* Why Option C is incorrect: A "Stop" payment is typically reserved for scenarios where a physical check has been lost, stolen, or destroyed after it was printed and mailed. While a Stop Payment does prevent the check from being cashed, it is a specific banking process often involving fees.

* Why Option D is Correct: To correct an administrative error (such as the wrong amount) for a check that has been processed but not yet negotiated (cashed), the standard procedure is to Void the check.

Voiding the check in ClaimCenter performs two critical functions:

* It reverses the financial T-accounts (reserves and payments) associated with the transaction, ensuring the claim financials are accurate.

* It updates the status to "Voided," effectively cancelling the payment in the system.

After voiding the incorrect check (\$1,200), the Adjuster must then create a new check for the correct amount (\$950) to pay the claimant.

NEW QUESTION # 32

Losses incurred because of an accident with other vehicles can be very large. Because of the risk of large losses, all claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not. The claim must show whether there were passengers in the vehicle at the time of the accident. Succeed wants the ability to include a very detailed description of the loss event information on intake of the claim.

When the claim is created, Succeed wants to flag the claim with a reminder for the Adjuster to contact the insured.

There should be reminders for the Adjuster to complete the following items for every new claim created:

- . Review any photographs of the accident
- . Contact and Interview each passenger
- . Collect statements from each witness
- . Record the vehicle's mileage

Which business requirement is based on assumptions?

- A. All claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not.
- B. When the claim is created, we want to flag the claim with a reminder for the Adjuster to contact the insured.
- C. There should be reminders for the Adjuster to complete the following items for every new claim created: review any photographs of the accident.
- D. There should be reminders for the Adjuster to complete the following items for every new claim created: collect statements from each witness.

Answer: C

Explanation:

In the context of business requirements analysis, an assumption is a statement that is accepted as true or certain to happen without proof.

* Why A is the correct answer: The requirement to generate a reminder to "review any photographs" for every new claim assumes that photographs will be available for every accident. In reality, photos are not always taken or provided at the First Notice of Loss (FNOL). Creating a mandatory task for an optional piece of evidence is based on the assumption of data availability.

* Why D is incorrect: "All claims must include a police report..." is a Business Rule or constraint. It is a mandatory condition imposed by the business ("must include") rather than an assumption about what is currently present.

* Why B is incorrect: Contacting the insured is a standard, universal step in the claims process that applies to every claim, so it is not considered an assumption.

NEW QUESTION # 33

Which two actions may the Business Analyst (BA) perform based on the roles and permissions functionality of ClaimCenter? (Choose two.)

- A. Create a collection of permissions to simplify the management of large groups of users with the same permissions

- B. Define a role that consolidates variable permissions across multiple users into a single set of permissions
- C. Establish a best practice which dictates that each user should be given unique permissions to increase the precision of security
- D. Design requirements around different authority limits within the customer's organization

Answer: A,B

Explanation:

The Roles and Permissions functionality (part of the Role-Based Access Control or RBAC model) in ClaimCenter is designed to simplify security administration. A Business Analyst utilizes this functionality to define how users access the system.

* Defining Roles (Option A): A "Role" in Guidewire is fundamentally a named container for a set of System Permissions (e.g., claimview, activitycreate). The BA defines a role (like "Adjuster" or

"Supervisor") by consolidating the necessary individual permissions into one single set.

* Simplifying Management (Option B): The primary benefit of this model is efficiency. Instead of assigning 50 individual permissions to 100 different users, the BA/Admin creates a "Collection of permissions" (the Role) and assigns that single Role to the group of users. This simplifies onboarding and maintenance.

Why other options are incorrect:

* Authority Limits (C): While related to security, Authority Limits (financial caps on reserves/payments) are technically distinct from "Roles and Permissions" functionality in the ClaimCenter object model.

Authority is handled via Authority Profiles, whereas Roles handle system access rights.

* Unique Permissions (D): This is the opposite of best practice. Assigning unique permissions to every user creates a maintenance nightmare. The best practice is to use standard Roles.

NEW QUESTION # 34

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