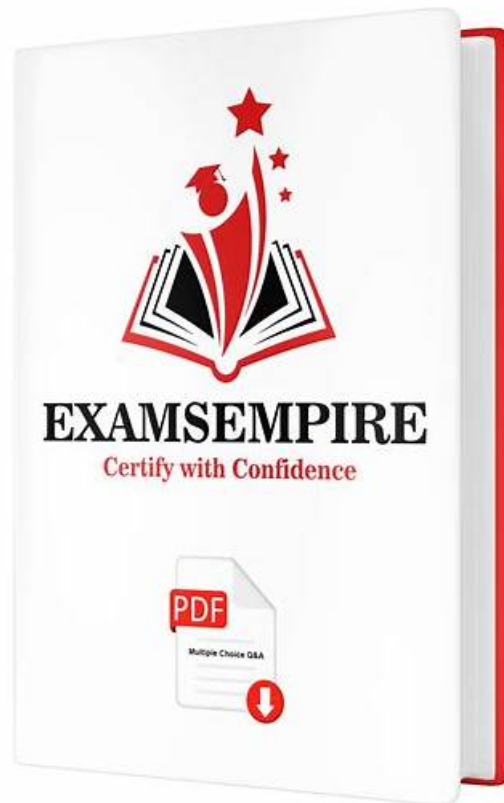


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It is universally accepted that the competition in the labor market has become more and more competitive in the past years. In order to gain some competitive advantages, a growing number of people have tried their best to pass the ClaimCenter-Business-Analysts

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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q34-Q39):

NEW QUESTION # 34

A claim for an auto accident in Tampa, Florida has been reported and recorded in ClaimCenter. The ClaimCenter base product Global Claim Assignment Rule is utilized for automatic assignment to Adjusters regardless of complexity of claims.

What is the likely path of assignment for this claim?

- A. The new claim will be assigned to an Adjuster in the Southeastern Auto Adjusters group based on availability in a cyclical fashion.
- B. The new claim will initially be assigned to the Supervisor of the Southeastern Auto Adjusters group for investigation and determining next steps.
- C. The new claim will be assigned to an appropriate Adjuster in the Midwest Auto Adjusters group with relevant skill set regardless of location.
- D. The new claim will be assigned based on weighted workload of each Adjuster in the assigned group to ensure balanced workload across the team.

Answer: A

Explanation:

Claim Assignment in Guidewire ClaimCenter follows a two-step logic: Global Assignment (finding the right Group) and Group Assignment (finding the right User).

* Group Identification (Global Assignment): The first step relies on the geography of the loss.

According to the provided organization table, the Southeastern Auto Adjusters group is responsible for

"Georgia, Florida, Alabama, South Carolina, North Carolina." Since the accident occurred in Tampa, Florida, the Global Assignment rule will route the claim to the Southeastern Auto Adjusters group.

* User Assignment (Group Assignment): The prompt specifies the use of "automatic assignment..."

regardless of complexity." In ClaimCenter's base configuration, the standard method for distributing claims automatically within a group is Round Robin (or Cyclical) assignment. This method assigns the claim to the next available adjuster in the list, ensuring an even distribution of volume without complex weighting calculations.

Why other options are incorrect:

* Option B (Midwest): Incorrect geography. The Midwest group covers IL, MI, OH, IN, WI, not Florida.

* Option C (Weighted Workload): While "Dynamic Assignment" (workload balancing) is a feature, the standard "automatic assignment" described implies a simple cyclical rotation (Round Robin). Weighted assignment is a more advanced configuration typically used when complexity is a factor (e.g., assigning fewer claims to junior adjusters).

* Option D (Supervisor): Assigning to a Supervisor is a manual fallback or "Assign to Supervisor" rule, usually triggered when no suitable adjuster is available or for complex exceptions. It is not the primary path for standard automatic assignment.

NEW QUESTION # 35

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?

- 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.

NEW QUESTION # 36

To help manage new user setup, Succeed Insurance would like all manager-level employees to be able to add new users to ClaimCenter. Some managers are already assigned the Community Admin role, which has a set of permissions for the administration of the ClaimCenter community model that includes the permission to create new users.

Where are two places the Business Analyst (BA) can go to view the permissions assigned to manager-level users? (Choose two.)

- A. Go to the Administration menu > Users & Security > Users
- B. Go to c:\GW10\ClaimCenter\build\dictionary\data\index.html to view the Data Dictionary
- C. Go to the Administration menu > Users & Security > Roles
- D. Go to c:\GW10\ClaimCenter\build\dictionary\security\index.html to view the Security Dictionary
- E. Go to the Administration menu > Users & Security > Authority Limits

Answer: C,D

Explanation:

To view the detailed System Permissions (such as usercreate, claimview, etc.) associated with a specific user role (like "Manager" or "Community Admin"), a Business Analyst has two primary methods: one within the application UI and one via generated documentation.

* Administration Menu > Users & Security > Roles (Option E):This is the direct User Interface method. By navigating to the Roles page in the Administration tab, the BA can select a specific role (e.

g., "Manager"). The detailed view of that role lists every system permission currently granted to it. This allows the BA to verify if the "usercreate" permission is present.

* Security Dictionary (Option B):For a comprehensive, searchable, and offline reference, the BA can access the Security Dictionary. This is a set of HTML files generated from the application's configuration (found in the build directory). It provides a complete matrix of all Roles, the Permissions assigned to them, and the Access Profiles configured in the system.

Why other options are incorrect:

* Data Dictionary (A):This documents the Data Model (Entities and Typelists), not the security configuration.

* Users (C):While this screen lists users and their assigned roles, it does not display the definitions (the specific list of permissions) of those roles.

* Authority Limits (D):This screen manages Financial limits (dollar amounts for reserves/payments), not system access permissions.

NEW QUESTION # 37

A Business Analyst (BA) has identified a new typecode essential for Succeed Insurance implementation.

During adjudication, Adjusters need to be able to update the loss cause value to reflect the new typecode.

Which tabs in a Guidewire Story Card should be used to document the business requirement?

- A. Document Control, UI Mockup, Typelist, Action Items, and Business Acceptance
- B. Change Summary, UI Fields, Typelist, Action Items, and Business Acceptance
- C. Change Summary, UI Mockup, UI Fields, Typelist, and Action Items
- D. Document Control, UI Mockup, UI Fields, Typelist, and Business Acceptance

Answer: D

Explanation:

To fully document a requirement that involves both a User Interface change (updating a value on a screen) and a Data Model change (adding a new typecode), the standard Guidewire Story Card tabs required are:

- * Document Control: Captures the metadata (Author, Version, Owner) to track the requirement's history.
- * UI Mockup: Visually illustrates where on the screen the "Loss Cause" field is located and how the dropdown should appear to the Adjuster.
- * UI Fields: Defines the specific behavior of the field (e.g., Is it mandatory? Is it editable during adjudication? What is the label?).
- * Typelist: This is critical for this specific scenario. It lists the actual Code, Name, and Description of the new typecode being added to the "Loss Cause" typelist.
- * Business Acceptance: Defines the testable criteria (Acceptance Criteria) to verify that the adjuster can successfully select the new value and save the claim.

Why Option B is correct: It is the only option that includes both the visual requirements (Mockup/Fields) and the data requirement (Typelist) alongside the standard control and testing tabs (Document Control/Business Acceptance).

NEW QUESTION # 38

Under the Travel loss type, Succeed Insurance offers personal travel policies as part of its travel line of business.

Which two pieces of information in the user interface (UI) will be different for a personal travel claim than for a personal auto or homeowners claim? (Choose two.)

- A. The format of the Financial Summary screen
- **B. Incident types available for recording damage**
- C. Contact information collected for the insured
- **D. The values displayed in the list of loss causes**
- E. The values displayed in the list of fault ratings

Answer: B,D

Explanation:

Guidewire ClaimCenter is designed to support multiple Lines of Business (LOB), and the User Interface adapts dynamically based on the policy type associated with the claim.

- * Incident Types (Option B): The "Incident" is the object that describes what was damaged or lost.
- * For Auto, the UI displays Vehicle Incidents (describing cars).
- * For Homeowners, the UI displays Dwelling or Fixed Property Incidents.
- * For Travel, the UI will display distinct incident types such as Baggage Incident (for lost luggage) or Trip Cancellation Incident. These are fundamentally different data objects with different fields.
- * Loss Causes (Option C): The Loss Cause typelist is filtered by the Line of Business.
- * Auto claims show causes like "Collision," "Rear-end," or "Theft of Vehicle."
- * Travel claims will show completely different values such as "Trip Delay," "Lost Baggage," "Medical Emergency," or "Cancellation."

Why other options are incorrect:

- * Financial Summary (A): The structural format of the Financial Summary screen (displaying Reserve Lines, Payments, and Remaining Reserves) is a core system framework that remains consistent across all lines of business.
- * Contact Information (E): The Contact entity (Name, Address, Phone) is a shared entity. The fields used to capture a person's details are generally the same whether they are a driver, a homeowner, or a traveler.

NEW QUESTION # 39

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