

# ClaimCenter-Business-Analysts New Questions - Test ClaimCenter-Business-Analysts Pass4sure



## Professional Proctored Exam Guide

### ClaimCenter Business Analysts

This exam guide is designed to help you evaluate your readiness to successfully complete the Professional certification exam for ClaimCenter business analysts. It includes information about the target audience, required prerequisites, recommended training, and test topics. Guidewire recommends a mix of training, hands-on product experience, and knowledge of best practices to maximize your chances of success on this exam.

#### Target Audience

The Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam is recommended for any business analyst who works with ClaimCenter as part of Guidewire InsuranceSuite or Digital implementations. This exam validates that business analysts can interpret a variety of ClaimCenter requirements effectively and efficiently. Those who pass this exam will become a *Certified Professional*, one of two certifications required for business analysts to earn the esteemed *Certified Ace* designation.

#### Why Certify?

Guidewire certifications allow learners to demonstrate increasing competency in their role. The *Certified Professional* designation is a coveted achievement that will help elevate you from the crowd. *Certified Professionals* are more productive, more self-sufficient, and more prepared to capture high-quality requirements that maximize product capabilities.

#### Certification Dependencies

##### Prerequisite Certifications

Business analysts do not need an existing Guidewire certification before they pursue the *Certified Professional* designation. Those who pass the Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam will become a *Certified Professional* in the ClaimCenter business analyst track.

Document Revised: 2024.12.04



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The system of ClaimCenter-Business-Analysts study materials is very smooth and you don't need to spend a lot of time installing it. We take into account all aspects and save you as much time as possible. After the installation is complete, you can devote all of your time to studying our ClaimCenter-Business-Analysts Exam Questions. We use your time as much as possible for learning. This must remove all unnecessary programs. Our ClaimCenter-Business-Analysts study materials are so efficient!

## Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>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.</li></ul>
Topic 2	<ul style="list-style-type: none"><li>Claim Processes and Maintenance: This section focuses on end-to-end claims processes, organizational structure setup, line of business coverage configuration, claim intake procedures, and ongoing claim maintenance activities.</li></ul>

Topic 3	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>Claim Center Data Model and Adjudication: This domain examines ClaimCenter's data model architecture, claim setup, adjudication processes, financial terminology and concepts, and payment creation procedures.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>Quality Analyst Basics: This domain covers quality assurance fundamentals including driving quality throughout development, integrating quality from inception, risk assessment and mitigation, test strategy selection, and defect management processes.</li> </ul>

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### Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q20-Q25):

#### NEW QUESTION # 20

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:

Limit Type	Policy Type	Coverage Type	Cost Type	Amount
Claim payments to date	Personal Auto			\$5,000.00
Claim total reserves	Personal Auto			\$5,000.00
Payments exceed reserves	Personal Auto			\$500.00

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

**Answer: B,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 # 21

Succeed Insurance has plans to expand operations in Greeley, Colorado. Due to a history of hailstorm related damage in the area, the company plans to offer reimbursement for hail damage as an option.

Which two actions should the Business Analyst (BA) take to determine the requirements for the project?  
(Choose two.)

- A. Lead an elaboration workshop with the customer and follow up to identify next steps.
- B. Author user stories following the elaboration workshops and identify acceptance criteria.
- C. Recommend existing base product features and functionality to expedite the implementation.
- D. Identify changes to the line of business typelists and determine the correct data mapping.

**Answer: A,C**

Explanation:

In the Guidewire delivery methodology, the "Determine Requirements" phase (often part of Inception or Elaboration) focuses on understanding the business need and mapping it to the software capabilities.

\* Lead an Elaboration Workshop (A): The Elaboration Workshop is the primary forum where BAs engage with stakeholders (like the Greeley operations team) to discuss the specific needs for the new

"hail damage" product. This is where the raw requirements are gathered, discussed, and refined.

\* Recommend Base Product Features (B): A critical responsibility of the Guidewire BA is to maximize product value by reducing unnecessary customization. When determining requirements for

"reimbursement" and "hail damage," the BA should immediately demonstrate and recommend how ClaimCenter's out-of-the-box Coverage, Exposure, and Incident features can handle this scenario. This aligns the customer's expectations with the standard software capabilities, expediting the implementation.

\* Why not C or D? Authoring user stories (C) and defining typelists (D) are outputs or tasks that occur after the requirements have been determined and the solution approach (Standard vs. Custom) has been agreed upon.

### NEW QUESTION # 22

A commercial auto claims group at Succeed Insurance has a large number of overdue activities related to service requests.

Reviewing the distribution of these activities across the team, the supervisor sees that one Adjuster on the team owns only one of these activities, while the other Adjusters own five or six.

To expedite completion of these activities, the Supervisor decides that the Adjuster with one service request activity will handle all of the overdue service activities for the team.

Which screen can the Supervisor use to most efficiently reassign these service request activities?

- A. Search Activities
- B. Team tab Activities
- C. Desktop Activities
- D. Queued Activities

**Answer: B**

Explanation:

The Team Tab is the dedicated workspace in ClaimCenter designed for Supervisors and Managers to oversee the workload and performance of their direct reports (groups).

\* Efficiency: From the Team Activities screen, a supervisor can view all activities assigned to users within their group in a single list.

\* Functionality: This screen provides built-in filtering (e.g., "Overdue" or "Due Today") and bulk processing capabilities. The Supervisor can select multiple activities currently owned by different adjusters (the ones with five or six items), click the Assign button,

and reassign them all to the target Adjuster (the one with only one item) in a single action.

\* Why it fits: This meets the requirement to "review the distribution" (viewing the team's load) and "reassign" efficiently from one central location.

Why other options are incorrect:

\* Queued Activities (A) displays items that are sitting in a queue waiting to be picked up; it does not display activities already owned by individual users.

\* Search Activities (B) allows finding activities but is less efficient because it requires setting up complex search criteria to find the specific group's items, whereas the Team tab is pre-filtered to the supervisor's hierarchy.

\* Desktop Activities (C) displays the activities assigned to the current user (the Supervisor themselves), not the activities owned by their subordinates.

Here are the 100% verified answers for Question 14 and Question 15 based on Guidewire ClaimCenter Business Analyst documentation.

### NEW QUESTION # 23

An auto claim is owned by Adjuster1. The Customer Service Representative (CSR) that created the claim owns one follow-up activity on the claim. An Injury Specialist owns an injury exposure on the claim. All these persons are members of Auto Team 1. The Team Lead determines that Adjuster1 is overworked and reassigns the claim to Adjuster2, a member of Auto Team 2. Which three people now have access to the claim? (Choose three.)

- A. CSR
- B. Adjuster1
- C. Adjuster2
- D. Injury Specialist
- E. Special Investigations Unit
- F. The Claimant

**Answer: A,C,D**

Explanation:

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

In Guidewire ClaimCenter, access to a claim file is determined by Access Control Lists (ACLs), which are dynamically updated based on user roles and ownership. A user is granted access to a claim if they own the claim itself, or if they own a sub-object within that claim, such as an Activity or an Exposure.

\* Adjuster2 (Option E): Upon reassignment, Adjuster2 becomes the new Claim Owner. The owner of the claim record always has full view and edit access to the claim.

\* CSR (Option C): The CSR retains ownership of a specific Activity (the follow-up task). In the ClaimCenter security model, owning an open activity on a claim grants the user "view" access to the parent claim so they can perform the necessary work to complete their task. Reassigning the claim header does not automatically reassign the activities owned by other users.

\* Injury Specialist (Option D): This user owns an Exposure (a distinct financial sub-record for a specific coverage feature). Similar to activities, owning an exposure grants access to the parent claim. The reassignment of the main claim file from Adjuster1 to Adjuster2 does not strip the Injury Specialist of their ownership of the specific injury exposure.

Why Adjuster1 loses access: Adjuster1 was the previous owner. Once ownership is transferred to Adjuster2 (who is in a different group, "Auto Team 2"), Adjuster1 no longer meets the criteria for ownership access.

Unless Adjuster1 is explicitly added to the ACL manually or has "Super User" privileges (not stated), they lose the automatic access rights associated with being the owner.

### NEW QUESTION # 24

At Succeed Insurance, new personal auto claims involving a fatality are assigned to a High Complexity Auto group made up of Adjusters with at least eight years of experience dealing with the issues and emotions commonly found in claims involving fatalities. Fatality claims typically take 18 to 24 days to complete. The assigned Business Analyst (BA) will document the assignment rule for this requirement in User Story Card Assign Claims Exposures and Activities for a Personal Auto Claim - Foundational. The existing tab UI Validation & Business Rules shown below is not a good fit for assignment rules, so a new tab will be added to the Story Card.



Which two sets of columns should the new tab include to accurately capture the assignment rule requirements? (Choose two.)

- A. Name of DV or LV, Field or Filter, Rules or Links to Master Business Rules Spreadsheet
- B. Error or Warning?, Base Product/New/Modified, Acceptance Criteria
- C. Entity, Line of Business, Rule Conditions, Rule Actions
- D. Global Assignment Rule, Default Group Assignment Rule, Exit Type
- E. Comments, Wave or Release, Requirement Number

**Answer: C,E**

**Explanation:**

When documenting Assignment Rules (or any business logic) in a User Story Card or a separate Business Rules spreadsheet, the Business Analyst must capture specific metadata that allows developers to implement the logic correctly in Gosu (Guidewire's programming language).

\* Option D (Entity, Line of Business, Rule Conditions, Rule Actions): This is the core logical definition of the rule.

\* Entity: Defines what object is being assigned (e.g., Claim, Exposure, Activity).

\* Line of Business: Specifies the scope (e.g., Personal Auto).

\* Rule Conditions: Captures the "IF" logic (e.g., "IF Loss Cause = Fatality AND LOB = Personal Auto").

\* Rule Actions: Captures the "THEN" logic (e.g., "THEN Assign to Group: High Complexity Auto").

\* This structure mimics the actual implementation pattern in Guidewire Studio (Rule Sets).

\* Option E (Comments, Wave or Release, Requirement Number): These are standard project management and traceability columns required for requirements artifact.

\* Requirement Number: Links the specific rule row back to the high-level business requirement.

\* Wave or Release: Indicates when this specific rule needs to be deployed.

\* Comments: Provides context or clarification for the developer.

Why other options are incorrect:

\* Option A: These columns ("Name of DV or LV", "Field or Filter") are specific to UI Validation (the tab currently shown in the image). They describe screen widgets and validation errors, not backend assignment logic.

\* Option B: While "Global Assignment Rule" and "Default Group Assignment Rule" are valid Guidewire concepts, listing them as columns is not the standard way to document a list of requirements. Usually, the rule type would be a single column, but "Exit Type" is a technical implementation detail (part of the rule set execution) rather than a business requirement column.

\* Option C: "Error or Warning?" is specific to Validation Rules (stopping a user from proceeding), not Assignment Rules (routing a work item).

Next Step: Would you like me to generate a sample "Assignment Rule" table structure that shows exactly how this Fatality claim rule would be entered into the columns described in Option D?

## NEW QUESTION # 25

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