

ClaimCenter-Business-Analysts Valid Exam Question & ClaimCenter-Business-Analysts Valid Exam Test



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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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q45-Q50):

NEW QUESTION # 45

Succeed Insurance has a strategic initiative to offer pay-as-you-drive personal auto insurance to compete with other large carriers. Customers who choose these policies must either own a vehicle that is equipped with a monitoring device or agree to install a device provided by Succeed. The monitoring device collects information about how the drivers of a covered vehicle drive, including how fast they drive, how hard they brake, and how many miles/kilometers the vehicle travels within a policy period.

This information is logged, and premiums are based on how the insured's driving behavior is categorized.

When a claim is reported, the log files must be obtained in order to analyze the information captured by the monitoring device at the time of the incident.

Succeed plans to collect and evaluate the Vehicle Monitoring Log files in the first implementation phase, which is scheduled for release in 60 days. The project sponsors have instructed the implementation team to use base product functionality over customization. Integration should be leveraged where possible to avoid manual data entry.

The New Claim Wizard must capture whether or not the vehicle has a monitoring device installed when a personal auto claim is created against a pay-as-you-drive policy.

Which feature of the base product enforces this claim creation requirement?

- A. Create a Validation rule enforcing the Load and save validation level.
- B. Create a Validation rule enforcing the Ability to pay validation level.
- C. Create a Validation rule enforcing a new custom Validation level for mechanical requirements.
- **D. Create a Validation rule enforcing the New loss completion validation level.**

Answer: D

Explanation:

In Guidewire ClaimCenter, Validation Rules are used to enforce data integrity and business requirements at specific stages of the claim lifecycle. These stages are defined by Validation Levels.

* New Loss Completion (Option B): This validation level is specifically designed as the "gatekeeper" for the New Claim Wizard (FNOL). Rules triggered at this level run when the user attempts to click

"Finish" to submit the new claim. If a rule fails (e.g., "If Policy Type = Pay-as-you-drive AND Monitoring Device is Null"), the system prevents the claim from being created and highlights the missing field. This directly meets the requirement to enforce data capture "when a personal auto claim is created." Why other options are incorrect:

* Ability to Pay (A): This level runs when a user tries to issue a check. Using this would allow the claim to be created without the device info, only blocking the user later when they try to pay, which is too late for the requirement.

* Custom Level (C): Creating custom levels is possible but discouraged when a standard level fits the purpose, aligning with the "use base product functionality" principle.

* Load and Save (D): This level runs every time the claim is saved (even as a draft). Enforcing mandatory fields here can frustrate users who need to save their work partially complete.

NEW QUESTION # 46

A Business Analyst (BA) noticed that one of the User Story Card files for the project indicated that it had recently been modified. The BA wanted to see who changed it, what was changed, and why it was changed.

Where on the Story Card can the BA go to determine the changes recently made to it?

- **A. Go to the Document Control tab > Amendment History**
- B. Go to the UI Fields tab > New or Modified fields
- C. Go to the Action Items tab > Description > Resolution/Comments
- D. Go to File > Properties

Answer: A

Explanation:

In the standard Guidewire User Story Card template (an Excel-based tool used for requirements gathering), version control is manually tracked to ensure auditability and clarity among the project team.

* Document Control Tab (Option C): This is typically the first tab in the Story Card workbook. It contains a section specifically for Amendment History (or Revision History).

* Content: This section is designed to capture:

* Who: The author of the change.

* When: The date of the change.

* What/Why: A description of the modification (e.g., "Updated Acceptance Criteria based on Workshop feedback").

This provides the specific "Who, What, and Why" requested in the scenario.

Why other options are incorrect:

* File > Properties (A): This is standard Excel metadata. It shows the "Last Modified By" user and date, but it cannot explain what specific cells were changed or why (the business context).

* Action Items (B): This tab tracks open questions or tasks, not the revision history of the document requirements.

* UI Fields (D): This tab tracks the requirements for screen fields, but does not serve as a changelog for the entire document.

NEW QUESTION # 47

Succeed Insurance is implementing a slightly modified version of ClaimCenter to suit its organization's needs.

The modification will include adding two new required fields to the standard user interface to capture the reporter's Preferred Language and Preferred Contact Time. This requirement is critical for Succeed to improve efficiency and the expediency of claims processing in its region.

Under which ClaimCenter theme will the User Story Card be found for documenting these requirements?

- A. Adjudicate
- **B. Intake**
- C. Special Services
- D. Settle/Close

Answer: B

Explanation:

In the Guidewire implementation methodology, User Stories are categorized into Themes that align with the high-level business processes of the claim lifecycle.

* Intake (Option A): The Intake theme covers the First Notice of Loss (FNOL) process and the "New Claim Wizard." The requirement specified is to capture data regarding the "Reporter" (the person reporting the loss) and their contact preferences. In ClaimCenter, Reporter information is collected at the very beginning of the New Claim Wizard (Step 1: Search/Create Policy and Reporter). Because this data entry occurs during the initial setup of the claim, the User Story governing these UI changes belongs to the Intake theme.

* Context: Improving "expediency of claims processing" often relies on accurate data capture at the Intake stage so that downstream assignment and communication can be handled correctly from the start.

Why other options are incorrect:

* Adjudicate (B): This theme covers the investigation, evaluation, and negotiation phases that occur after the claim is created.

* Settle/Close (D): This theme covers the payment issuance and final closure of the file.

* Special Services (C): This typically refers to Vendor Management or specialized sub-processes, not the core FNOL reporter data.

NEW QUESTION # 48

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.

Team / Organization Name	Area Covered
Southeastern Auto Adjusters	Georgia, Florida, Alabama, South Carolina, North Carolina
Westcoast Auto Adjusters	California, Oregon, Seattle, Nevada
Midwest Auto Adjusters	Illinois, Michigan, Ohio, Indiana, Wisconsin

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 based on weighted workload of each Adjuster in the assigned group to ensure balanced workload across the team.
- D. The new claim will be assigned to an appropriate Adjuster in the Midwest Auto Adjusters group with relevant skill set regardless of location.

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 # 49

A sales executive and business traveler has a full coverage auto policy through his insurance company. The executive lives in Detroit, Michigan and often drives across the border to visit client offices in Canada.

While driving in downtown Toronto, the executive's car was hit by a truck coming the wrong way. He called his insurance company to report a claim for this accident. However, the Customer Service Representative (CSR) cannot confirm there is an active policy on file.

How should this claim be handled?

- A. If the policy is not verifiable, the CSR will notify a Supervisor to escalate the case for investigation and submits notes in ClaimCenter for reference.
- B. If the policy is not verifiable, the CSR cannot create the claim as a verified, active policy is a minimum requirement to create a claim.
- **C. If the policy is not verifiable, the CSR will create the claim as an unverified policy claim and retrieve the correct policy when more information available.**
- D. If the policy is not verifiable, the CSR will ask the executive to call back when he has the policy information to complete the report and create the claim.

Answer: C

Explanation:

Guidewire ClaimCenter is designed to handle First Notice of Loss (FNOL) scenarios where the policy system is unavailable or the specific policy cannot be immediately located. The correct standard procedure is to create an Unverified Policy claim.

* Unverified Policy Workflow: The New Claim Wizard allows the user to select "Unverified Policy" if a search returns no results.

This allows the CSR to proceed with capturing critical accident details (Loss Details, Vehicles, Injuries) and providing service to the customer immediately.

* Reconciliation: Later, once the correct policy number is found or the policy system comes back online, the claim can be updated.

The "Unverified Policy" feature specifically supports the "Select Policy" step of the wizard to ensure claims are not blocked by administrative data issues.

* Customer Experience: Option A (asking the customer to call back) is poor service and contrary to ClaimCenter's design philosophy. Option D is incorrect because a verified policy is not a hard blocking requirement for creating a draft claim in this specific workflow.

NEW QUESTION # 50

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