

# ClaimCenter-Business-Analysts Exam Questions and ClaimCenter Business Analyst - Mammoth Proctored Exam Torrent Prep - ClaimCenter-Business-Analysts Test Guide



## 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.

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

Topic	Details
Topic 1	<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>

Topic 2	<ul style="list-style-type: none"> <li>• <b>Claim Processes and Maintenance:</b> 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>• <b>InsuranceSuite Analyst Fundamentals:</b> 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>

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### **Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q13-Q18):**

#### **NEW QUESTION # 13**

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?

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

**Answer: C**

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 thetrigger("when they are entered"), the intent/condition("resulting from the storm"), and theparametersof the resulting activity (Target: 3 days, Escalation: 5 days). However, it fails to specify theActiondetails required to execute the rule:

specifically,whothe activity should be assigned to (The Assignee) and the specific instruction tocreate 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 "whenthe[y] [claims] are entered").

\* RuleCondition (C):While "resulting from the storm" is vague, it represents the business condition. TheAction(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.

#### **NEW QUESTION # 14**

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 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.

No payments can be made on the claim until a flag indicating that the Vehicle Monitoring Log file has been processed has been set to 'Yes'.

Which feature of the base product prevents payments from being made on the claim?

- A. Validation rule enforcing the Ability to pay validation level.
- B. Validation rule enforcing the Send to external system validation level.
- C. Authority Limit for any payment with a policy type of Pay-as-you-drive.
- D. Transaction Validation rule requiring approval for payments with unprocessed log files.

**Answer: A**

Explanation:

In Guidewire ClaimCenter, the Ability to Pay validation level is the specific "gatekeeper" designed to verify that a claim is mature enough and has sufficient data to allow financial transactions to be issued.

\* Validation Levels: ClaimCenter uses validation levels (e.g., Load, New Loss, Ability to Pay) to enforce data integrity at different stages of the claim lifecycle.

\* Blocking Payments: When a user attempts to create a check, the system triggers the rules associated with the Ability to Pay level. If any rule at this level fails (returns an error), the system prevents the payment wizard from completing.

\* Scenario Application: The Business Analyst can define a rule at the "Ability to Pay" level that checks the condition: "If Policy Type is Pay-as-you-drive AND Log Processed Flag is NOT 'Yes', then throw an error." This fulfills the requirement to strictly block payments ("No payments can be made") rather than just route them for approval.

Why other options are incorrect:

\* Authority Limits (B) control the amount of money a user can approve, not the prerequisites (like data flags) for making a payment.

\* Transaction Validation requiring approval (C) would route the payment to a supervisor, but it implies the payment could be made if approved. The requirement states "No payments can be made," implying a hard system stop, which validation rules provide.

\* Send to External System (D) validates data just before it leaves the system (e.g., for check printing), which is often too late in the workflow for business-log stops like reviewing a log file.

## NEW QUESTION # 15

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

**Answer: C,E**

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 # 16

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

**Answer: C,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 # 17

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 be assigned based on weighted workload of each Adjuster in the assigned group to ensure balanced workload across the team.
- 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 initially be assigned to the Supervisor of the Southeastern Auto Adjusters group for investigation and determining next steps.

**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 # 18

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