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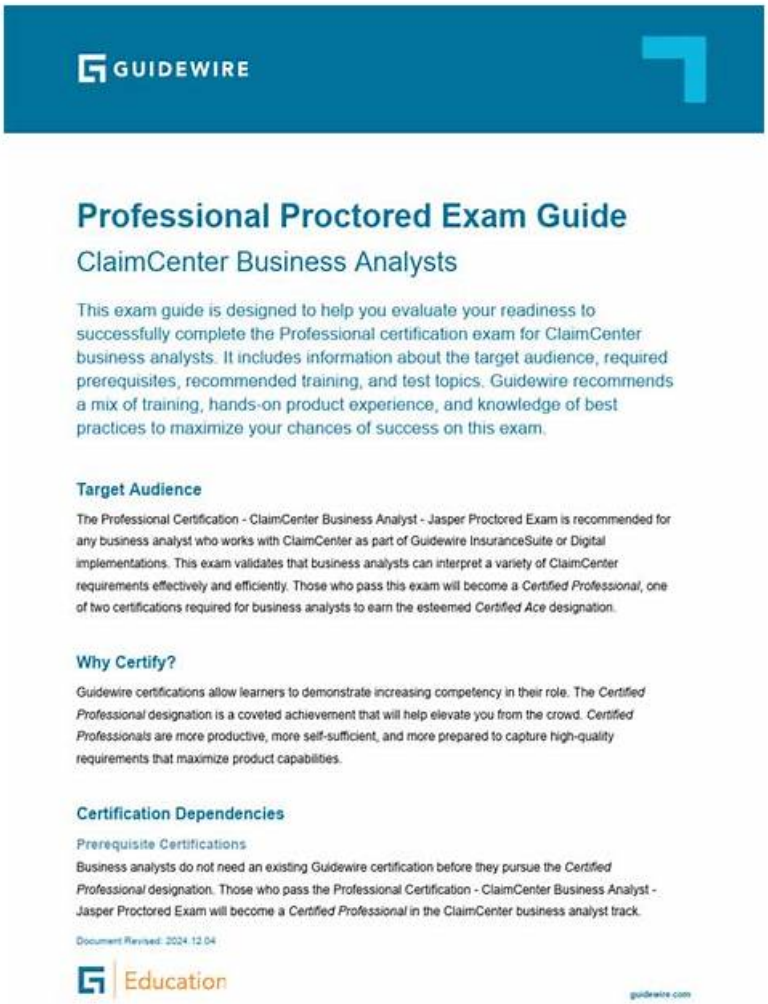
GUIDEWIRE

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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Education

guidewire.com

The ClaimCenter Business Analyst - Mammoth Proctored Exam (ClaimCenter-Business-Analysts) certification examination is an essential component of professional development, and passing this Guidewire ClaimCenter-Business-Analysts test can increase career options and a rise in salary. Nonetheless, getting ready for the Prepare for your ClaimCenter-Business-Analysts Exam may be difficult, and many working professionals have trouble locating the ClaimCenter-Business-Analysts practice questions they need to succeed in this endeavor.

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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q19-Q24):

NEW QUESTION # 19
What are two recommended best practices with user interface (UI) mock-ups in a ClaimCenter implementation project? (Choose two.)

- A. When creating a user interface (UI) mock-up, a Business Analyst (BA) should take a clear screen shot.
  User interface (UI) mock-up tools should not be used.
- B. When a Business Analyst (BA) does not have access to a tool, it is acceptable to take a clear screen shot, then indicate on the image how the screen should appear to meet the requirements.
- C. A live system demonstration is acceptable in place of using a user interface (UI) mock-up to describe needed changes to the user interface.
- D. A Business Analyst (BA) should document the requirement number associated with the mock-up and then use a user interface (UI) mock-up tool to build the mock-up.

Answer: B,D

Explanation:
In a Guidewire implementation, User Interface (UI) mock-ups serve as critical visual aids to bridge the gap between written business requirements and the final technical solution.
* Best Practice 1 (Option B):While sophisticated prototyping tools (like Balsamiq or Axure) are valuable, they are not always strictly necessary for every change. A "low-fidelity" mock-up is often sufficient and highly effective for minor adjustments. If a BA lacks access to specialized software, the recommended best practice is to take a screenshot of the existing ClaimCenter screen and overlay it with text boxes, arrows, or simple graphics (using tools like Paint or PowerPoint) to clearly indicate where fields should be added, moved, or removed. The goal is clarity of intent, not artistic perfection.
* Best Practice 2 (Option D):Traceability is fundamental to the Agile and hybrid methodologies used in Guidewire projects. Every artifact, including mock-ups, must be traceable back to the specificUser StoryorRequirement Numberit supports. By explicitly documenting the requirement number on or with the mock-up, the BA ensures that developers understand exactly which functionality is being visualized and that QA testers can validate the final screen against the correct scope.
Why other options are incorrect:
* Option A:A live demo shows thecurrentstate. It cannot effectively demonstratefuturechanges (fields that don't exist yet) without a visual mock-up to accompany the explanation.
* Option C:Stating that tools "should not be used" is incorrect; tools are generally encouraged when available to create high-fidelity prototypes.

NEW QUESTION # 20
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. Ask the bank to hold 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. Stop 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 destroyedafterit 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 toVoidthe 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 anew checkfor the correct amount ($950) to pay the claimant.

NEW QUESTION # 21
Succeed Insurance has a requirement to add a new high-risk indicator to the Claim Status screen for property claims that have a lien on the property. A new icon will be added to the configuration to provide a visual indicator making it easier for Adjusters and other ClaimCenter users to determine that a claim has a lien.
Which two common areas of the user interface (UI) can display the new lien icon? (Choose two.)

- A. Info Bar
- B. Tab Bar
- C. Sidebar
- D. Screen Area
- E. Workspace

Answer: A,D

Explanation:
In the standard Guidewire ClaimCenter User Interface architecture, high-priority alerts and claim indicators are displayed in two primary locations to ensure visibility:
* The Info Bar (Option D):This is the persistent strip located at the top of the claim file (just below the Tab Bar). It remains visible regardless of which specific claim sub-screen (Medical, Financials, Notes) the user is navigating. It is designed specifically to host "High Risk Indicators" such as Litigation, Fatalities, Coverage issues, and in this scenario, a "Lien" indicator. This ensures the adjuster is aware of the critical status immediately upon opening the claim.
* The Screen Area (Option A):Specifically, theClaim Status(or Summary) screen-which resides in the main Screen Area-contains a dedicated section for "Claim Indicators." Here, the icon is displayed along with a text description and potential toggle status (On/Off). The prompt explicitly mentions the requirement to "add a new high-risk indicator to the Claim Status screen," confirming the Screen Area as the second location.
Why other options are incorrect:
* Sidebar (B):The sidebar (left panel) is used for the "Actions" menu and navigation links (steps) to move between screens. It does not typically host status icons for the claim object itself.
* Workspace (C):While "Workspace" can refer to the application frame, in UI terminology, it often refers to the specific worksheets (bottom pane) or the container, not the specific UI element for indicators.
* Tab Bar (E):The Tab Bar is for high-level navigation (Claim, Desktop, Administration, Search) and does not display claim-specific data icons.

NEW QUESTION # 22
A claim for an auto accident in California has been assigned to an insurance Adjuster in the Midwest region for investigation and processing. The claim has been flagged as "Low Complexity" in ClaimCenter. The Adjuster has an authority limit for total reserves of $30,000 and has created reserves totaling $35,000.
What is the correct approval routing for this transaction?

- A. The transaction will require approval from the Supervisor of the group.
- B. This transaction will require approval because the Adjuster does not work in the same region where the claim was reported.

- C. This transaction will not require approval because the claim is identified as low complexity.
- D. The transaction will require approval from another team member who has the authority limit to approve.

Answer: A

Explanation:
Based on theGuidewire ClaimCenter Financials and Authority Limitsdocumentation, the correct behavior for this scenario is determined by the strict enforcement ofAuthority Limits, regardless of claim complexity or geographic region.
In ClaimCenter, every user is assigned specific authority limits for various financial transactions, including reserves, payments, and recovery reserves. These limits are absolute constraints designed to control financial exposure. In the scenario provided, the Adjuster attempted to set a reserve of$35,000, which exceeds their authorized limit of$30,000.
When a user submits a financial transaction that exceeds their pre-configured authority limit, ClaimCenter automatically triggers anApproval Workflow. The system validates the transaction amount against the user's limit at the time of submission. Since the limit is breached, the transaction is not committed immediately to the database as "Submitted"; instead, it enters a"Pending Approval"status.
Routing Logic:
The standard, out-of-the-box approval routing logic in ClaimCenter follows the Group Hierarchy.
* The system identifies the group to which the Adjuster belongs.
* It creates anApproval Activity.
* This activity is assigned to theSupervisorof that group.
The Supervisor must then review the transaction. If the Supervisor has sufficient authority (greater than $35,000), they can approve it. If the Supervisor also lacks sufficient authority, they must still "approve" it to escalate the request further up the hierarchy totheirmanager, until it reaches a user with sufficient limits.
Why other options are incorrect:
* A (Complexity):Claim complexity flags (e.g., "Low Complexity") are often used forAssignmentrules (Segment-based assignment) or straight-through processing ofdocuments, but they do not override Financial Authoritycontrols. A low-complexity claim still requires financial oversight if the dollar amount is high.
* B (Peer Approval):Approval routing is hierarchical, not peer-to-peer. It does not look for "any" team member; it looks specifically for the defined Supervisor.
* C (Region):The region mismatch might trigger an assignment rule or a validation warning depending on configuration, but the specific trigger for theapprovalhere is purely the financial discrepancy ($35k > $30k), not the geography.

NEW QUESTION # 23
A car accident in a rural area of Durango, Colorado is reported to Succeed Insurance. The driver of the damaged car reportedly hit the base of a windmill tower while driving at night. There was no other passenger in the car when the accident happened, and the driver has a valid auto policy on file.
While the driver is not physically injured, the entire passenger side of the car has been severely damaged.
Although the windmill is still functioning, the base of the tower has sustained multiple broken parts.
Which two incidents need to be created for the claim based on the reported accident? (Choose two.)

- A. Create a vehicle incident for the damaged car
- B. Create a loss of use incident for the windmill tower
- C. Create an injury incident for the driver
- D. Create another structure incident for windmill power damage
- E. Create a property incident for the damaged windmill

Answer: A,E

Explanation:
In Guidewire ClaimCenter, an Incident is the data object used to capture the specific facts about "what" was damaged or affected during the loss event. It serves as the foundation for creating Exposures (the financial liabilities).
* Vehicle Incident (Option C):The scenario states that the insured's car has been "severely damaged" on the passenger side. To record these facts-including the point of impact, the severity, and the vehicle description-the Adjuster must create aVehicle Incident. This incident will eventually support the collision coverage exposure.
* Property Incident (Option B):The accident involved the car hitting a "windmill tower," resulting in "broken parts" to the base. In ClaimCenter, damage to third-party non-vehicular objects (like fences, poles, buildings, or towers) is captured using aFixed Property Incident(often referred to generically as a Property Incident). This incident records the damage description and ownership of the windmill, which is necessary to handle the Property Damage Liability claim.
Why other options are incorrect:

* Option E (Injury):The scenario explicitly states the driver is "not physically injured." Therefore, an Injury Incident is not required.
* Option A ("Another structure"):The standard object for third-party fixed property damage is the Property Incident/Fixed Property Incident, not "Another structure."
* Option D (Loss of Use):While possible later, the primary immediate damage is physical. Loss of Use is usually a secondary exposure type, not the primary incident definition for the tower itself.

NEW QUESTION # 24
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