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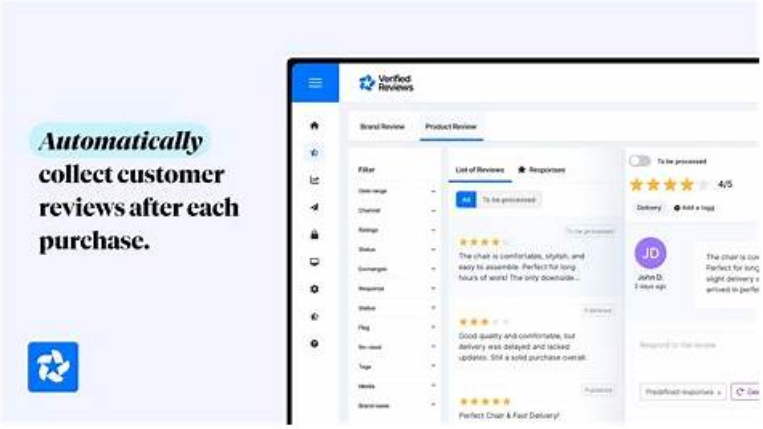

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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	• 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.
Topic 2	• Claim Center Financials Transactions: This section covers financial controls including payment approvals and holds, contact and vendor management, service request handling, and security framework with permissions and access control lists.
Topic 3	• 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.

>> Updated ClaimCenter-Business-Analysts Demo <<

JOIN Guidewire ClaimCenter-Business-Analysts TO CLINCH IN YOUR CERTIFICATION

There is no doubt that advanced technologies are playing an important role in boosting the growth of Guidewire companies. This is the reason why the employees have now started upgrading their skillset with the ClaimCenter Business Analyst - Mammoth Proctored Exam (ClaimCenter-Business-Analysts) certification exam because they want to work with those latest applications and save their jobs. They attempt the ClaimCenter-Business-Analysts exam to validate their skills and try to get their dream job.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q41-Q46):

NEW QUESTION # 41
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. Entity, Line of Business, Rule Conditions, Rule Actions
- C. Comments, Wave or Release, Requirement Number
- D. Error or Warning?, Base Product/New/Modified, Acceptance Criteria
- E. Global Assignment Rule, Default Group Assignment Rule, Exit Type

Answer: B,C

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 foranyrequirements 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 toUI 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 ascolumnsis not the standard way to document a list of requirements. Usually, the ruletypewould 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 # 42
Succeed Insurance requires that all vehicles involved in collisions be evaluated to determine if the vehicle is a total loss. A vehicle claim is deemed a total loss using a calculation based on points earned for selecting specific vehicle information.
What are two examples of acceptance criteria for this business requirement? (Choose two.)

- A. Validate the assignment to the Salvage Group when calculated points are 25 or greater.
- B. Create a business rule to calculate total loss points.

- C. Add a question to the Total Loss Calculator that identifies the relevant damage.
- D. Ensure that the business rule generates the Review for Salvage Activity.

Answer: A,D

Explanation:
Acceptance Criteria (AC) are specific conditions that the software must satisfy to be accepted by the user. In the context of a User Story, AC must be written as testable outcomes or verification steps (pass/fail conditions), not as implementation tasks for the developer.
* Option D (Testable Outcome):"Validate the assignment to the Salvage Group when calculated points are 25 or greater."This is a perfect example of AC. It describes a specific scenario (Points >= 25) and the expected system behavior (Assign to Salvage Group). A tester can run this scenario and objectively determine if the system passes or fails.
* Option A (Testable Outcome):"Ensure that the business rule generates the Review for Salvage Activity."Similarly, this describes the expectedresultof the logic. It does not tell the developerhowto write the code, but it tells the QA team what to look for (the creation of a specific Activity) to confirm the requirement is met.
Why other options are incorrect:
* Option B ("Add a question..."):This is anImplementation Task. It describes work the developer must do ("Add a question"), but it is not a criterion for verifying the end-to-end business value.
* Option C ("Create a business rule..."):This is also anImplementation Task. A user cannot "test" that a rule was created; they test theeffectof that rule (which is described in A and D). Acceptance criteria focus on the "What" (behavior), while tasks focus on the "How" (configuration).
Here are the 100% verified answers for Question 16 and Question 17, formatted as requested.

NEW QUESTION # 43
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 mid-complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
- B. The new claim will be segmented as low complexity auto claim, assigned to Midwest Low Complexity 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 high complexity auto claim, assigned to Midwest Complex Auto Adjusters Group, with activity for vehicle inspection.

Answer: D

Explanation:
ClaimCenter uses a logic-based process called Segmentation to categorize claims and Assignment to route them.
* Complexity (Points):The "Total Loss Points" score of38is significantly high. In standard configuration, high scores (typically indicating severe damage or total loss potential) trigger aHigh Complexitysegmentation.
* Assignment (Geography):The accident occurred inChicago (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 # 44
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. Ask the bank to hold the check and create a new check for the correct amount.
- B. Void the check and create a new check for the correct amount.
- C. Stop the check and create a new check for the correct amount.
- D. Edit the check and change the amount, then submit it for processing.

Answer: B

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 # 45
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. Special Services
- C. Intake
- D. Settle/Close

Answer: C

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):TheIntaketheme covers theFirst 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 theIntaketheme.
* 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 occurafter 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 # 46
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