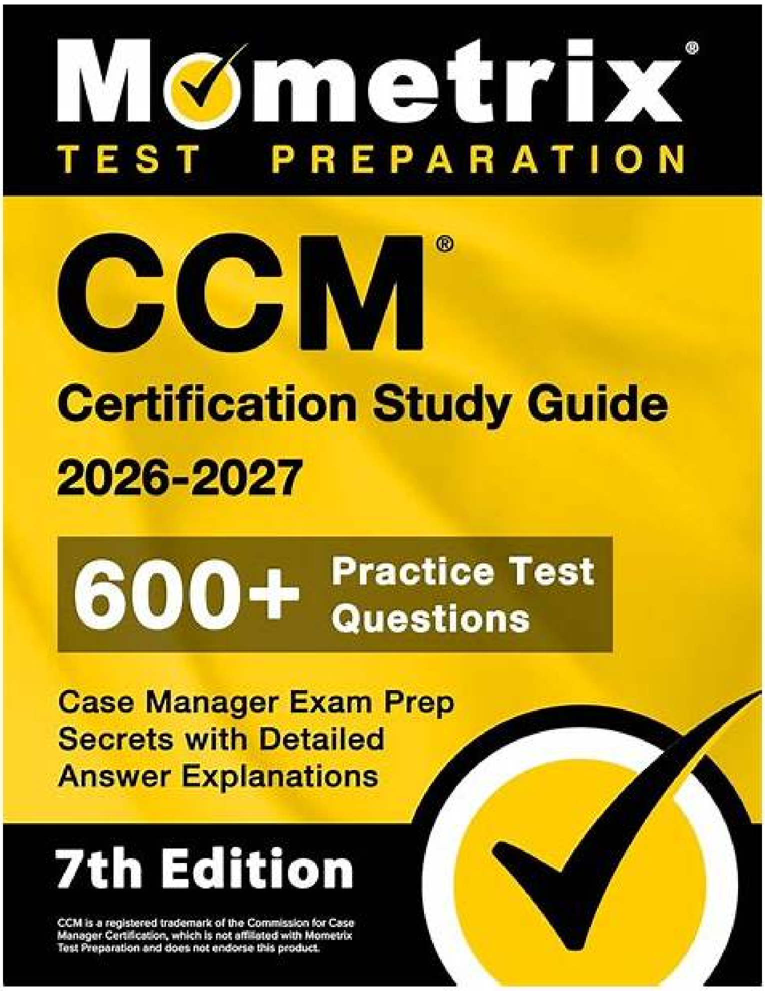
ClaimCenter-Business-Analysts Latest Test Questions Exam 100% Pass | ClaimCenter-Business-Analysts: ClaimCenter Business Analyst - Mammoth Proctored Exam



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Guidewire certification can be used in different IT Company and it will be your access to the IT elites. But you may find that the ClaimCenter-Business-Analysts study materials are difficult for you. You need much time to prepare and the cost of the ClaimCenter-Business-Analysts Practice Exam is high, you wonder it will be a great loss for you when fail the exam. It will be bad thing. DumpsActual will help you to reduce the loss and save the money and time for you.

Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	• 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.
Topic 2	• 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.

Topic 3	• 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 4	• 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.

>> ClaimCenter-Business-Analysts Latest Test Questions <<

Fantastic ClaimCenter-Business-Analysts Latest Test Questions - Pass ClaimCenter-Business-Analysts Exam

Do you often envy the colleagues around you can successfully move to a larger company to achieve the value of life? Are you often wondering why your classmate, who has scores similar to yours, can receive a large company offer after graduation and you are rejected? In fact, what you lack is not hard work nor luck, but ClaimCenter-Business-Analysts Guide question. If you do not have extraordinary wisdom, do not want to spend too much time on learning, but want to reach the pinnacle of life through ClaimCenter-Business-Analysts exam, then you must have ClaimCenter-Business-Analysts question torrent.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q25-Q30):

NEW QUESTION # 25
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. Global Assignment Rule, Default Group Assignment Rule, Exit Type
- E. Error or Warning?, Base Product/New/Modified, Acceptance Criteria

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 # 26
An Adjuster at Succeed Insurance increases the reserve on a claim's exposure from $1,000 to $1,500 to account for inflation in repair costs. A week later, a Supervisor reviews the claim and wants to know specifically who made this change, the exact date and time it was made, and what the previous value was.
The Supervisor needs a chronological audit trail of changes to the claim file without navigating through complex financial ledgers.
Which screen in the ClaimCenter user interface should the Supervisor access to find this information?

- A. Financials > Transactions
- B. History
- C. Loss Details > Status
- D. Notes

Answer: B

Explanation:
In Guidewire ClaimCenter, the History screen serves as the automated audit trail for the claim file. It is designed to capture and display a chronological list of significant events and user actions that have occurred throughout the claim's lifecycle.
* Audit Trail Functionality:The History screen automatically records specific types of events, including:
* Field Changes:When critical fields (like Reserve Amounts) are modified, the system logs the
"Old Value" and the "New Value."
* Assignment Changes:Tracks when the claim was transferred from one user to another.
* Rule Execution:Logs when specific business rules (like "Exception Flagged") are triggered.
* Data Points:For each entry, the History screen displays theUserwho performed the action, the Timestampof the event, and aDescriptionof the change.
Why other options are incorrect:
* Financials > Transactions (A):While this screen shows the financial T-account entries (debits/credits) for the reserve increase, its primary purpose is accounting analysis. It is less efficient for a supervisor looking for a simple "Who/When/What" audit trail compared to the History screen.
* Notes (C):Notes are typically used for qualitative narratives and manual entry. While a system notecan be generated for a reserve change, the History screen is the dedicated, non-editable system of record for tracking field changes.
* Loss Details > Status (D):This screen shows thecurrentstate of the claim (e.g., Open, Closed, Litigation Status) but does not provide a historical log of previous values or the specific user actions that led to the current state.

NEW QUESTION # 27
Which two components are necessary to create the check(s) using the wizard? (Choose two.)

- A. Payment tied to a reserve line
- B. Date of the claim
- C. Payment tied to an activity
- D. Payee

Answer: A,D

Explanation:
The Check Wizard in Guidewire ClaimCenter enforces strict financial integrity rules. To successfully create a check, the user must define the source of funds and the recipient.
* Payment tied to a Reserve Line (Option A):Every payment must be allocated to a specificReserve Line(combination of Exposure, Cost Type, and Cost Category). This ensures that the payment consumes the correct financial reserves and maps to the correct coverage on the policy. You cannot create a "floating" payment; it must be tied to a reserve line.
* Payee (Option C):A check is a legal instrument that must be payable to a specific entity. Selecting a Payee(from the claim contacts) is a mandatory step in the wizard.

Why other options are incorrect:
* B (Activity):While paymentscanbe linked to activities (e.g., Service Requests), it is optional. Most indemnity payments are made directly without an underlying activity.
* D (Date of claim):The Loss Date is a property of the claim, but it is not a component selected or created duringthe check wizard process. The relevant dates in the wizard are the "Service Period" or
"Scheduled Send Date."

NEW QUESTION # 28
A performing arts organization operates nationwide and is responsible for setting up stages for musical acts and concerts. The organization requires specific insurance coverage for its gear and equipment, including audio systems, lighting, cameras, and control boards. Succeed Insurance wants to optimize claim intake, processing, and reporting for this organization.
Which modifications should be made to ClaimCenter's base product line of business (LOB)?

- A. Add newLossTypecode(s) andPolicyTypecode(s) to the LOB model to handle the organization's coverage needs.
- B. Add relevantCoverageTypecode(s),Coverage Subtypecode(s), and mapExposureTypecode(s) to support the new coverage.
- C. The existing ClaimCenter standard LOB model can meet the company's objectives without modifications.
- D. Add newCoverage Subtypecode(s) with detailed information for eachExposureTypecode to the existing LOB model.

Answer: B

Explanation:
According to the Guidewire ClaimCenter Business Analyst documentation, ClaimCenter's line of business (LOB) framework is intentionally designed to support extensibility through configuration rather than structural changes to core policy or loss classification elements. When an insurer needs to support specialized insured property-such as professional audio, lighting, and staging equipment-the recommended approach is to enhance the coverage configuration.
ClaimCenter models policy coverage using a hierarchy ofCoverageTypeandCoverage Subtypetypelists.
CoverageType codes represent high-level coverage categories defined by the policy, while Coverage Subtype codes allow insurers to further refine and classify coverage details. These coverage elements are then associated withExposureTypecodes, which drive claim processing behavior such as exposure creation, reserving, payment handling, and reporting.
By adding appropriate CoverageType and Coverage Subtype codes for equipment and gear coverage and mapping them to ExposureType codes, ClaimCenter can automatically create accurate exposures during claim intake. This approach ensures adjusters can efficiently process claims while maintaining consistent workflows and financial controls. It also supports meaningful analytics and reporting without altering the base product structure.
The Guidewire documentation advises against introducing newLossTypeorPolicyTypecodes unless the insurer is defining an entirely new policy or loss classification. LossType codes describe how a loss occurred (for example, theft or accidental damage), not the nature of the insured property. PolicyType changes are similarly broad and unnecessary for extending coverage within an existing LOB.
Therefore, optionBaligns with Guidewire best practices by extending ClaimCenter's coverage and exposure configuration to meet the organization's needs while preserving the integrity of the standard LOB model.

NEW QUESTION # 29
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 Ability to pay validation level.
- B. Create a Validation rule enforcing the Load and save 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 createdwithoutthe 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 # 30
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