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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q51-Q56):

NEW QUESTION # 51
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. Screen Area
- B. Sidebar
- C. Info Bar
- D. Workspace
- E. Tab Bar

Answer: A,C

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 # 52
An Adjuster at Succeed Insurance is handling a homeowners claim with a dwelling exposure for damage to the insured's home. The Adjuster's Authority Limit Profile has the following limits:
□
The table below is a view of the property claims organization within Succeed Insurance. The Adjuster is a member of the group Property - Team A.
The Adjuster creates a payment in the amount of $6,500 for repairs to the insured's home. How will it be processed assuming that the claim has sufficient reserves for the payment?

- A. The payment requires approval. An approval activity will be generated and routed to Supervisor D.
- B. The payment requires no approval. It will be processed and issued to the insured.
- C. The payment requires approval. An approval activity will be generated and routed to Supervisor A.
- D. The payment requires approval. An approval activity will be generated and routed to Supervisor C.

Answer: A

Explanation:
This scenario involves checking financial Authority Limits and determining the correct Approval Routing hierarchy in Guidewire ClaimCenter.
* Check Authority Limits:First, compare the transaction amount against the user's specific limits.
* The payment is for "repairs to the insured's home," which is classified asClaim Cost(Indemnity).
* According to the provided Authority Limit Profile, the Adjuster has a "Payment amount" limit of $5,000for Claim Cost.
* The transaction amount is$6,500.
* Since$6,500 > $5,000, the limit is exceeded, meaning the paymentrequires approval(Ruling out Option B).
* Determine Routing:When a financial transaction requires approval, ClaimCenter routes the approval activity to the supervisor of the group to which the user belongs.
* The Adjuster is a member ofProperty - Team A.
* According to the Organization chart provided, the Supervisor for "Property - Team A" is Supervisor D.
* Therefore, the system will generate an approval activity and assign it specifically to Supervisor D). Supervisor C is the manager of theparentgroup (Western Property Group), so the activity would only go to them if Supervisor Dalsolacked the authority to approve the $6,500, requiring further escalation. However, the initial routing is always to the immediate supervisor.
Why other options are incorrect:
* Option A:Supervisor C is the "Grand-boss" (Supervisor of the parent group), not the immediate supervisor.
* Option B:The amount ($6,500) clearly exceeds the defined limit ($5,000), so automatic processing is impossible.
* Option C:Supervisor A is at the top of the hierarchy (Succeed Insurance), far removed from the initial approval step.

NEW QUESTION # 53
An auto claim is owned by Adjuster1. The Customer Service Representative (CSR) that created the claim owns one follow-up activity on the claim. An Injury Specialist owns an injury exposure on the claim. All these persons are members of Auto Team 1. The Team Lead determines that Adjuster1 is overworked and reassigns the claim to Adjuster2, a member of Auto Team 2. Which three people now have access to the claim? (Choose three.)

- A. Special Investigations Unit
- B. Adjuster1
- C. Adjuster2
- D. CSR
- E. The Claimant
- F. Injury Specialist

Answer: C,D,F

Explanation:
250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:
In Guidewire ClaimCenter, access to a claim file is determined by Access Control Lists (ACLs), which are dynamically updated based on user roles and ownership. A user is granted access to a claim if they own the claim itself, or if they own a sub-object within that claim, such as an Activity or an Exposure.
* Adjuster2 (Option E):Upon reassignment, Adjuster2 becomes the newClaim Owner. The owner of the claim record always has full view and edit access to the claim.
* CSR (Option C):The CSR retains ownership of a specificActivity(the follow-up task). In the ClaimCenter security model, owning an open activity on a claim grants the user "view" access to the parent claim so they can perform the necessary work to complete their task. Reassigning the claim header does not automatically reassign the activities owned by other users.
* Injury Specialist (Option D):This user owns anExposure(a distinct financial sub-record for a specific coverage feature). Similar to activities, owning an exposure grants access to the parent claim. The reassignment of the main claim file from Adjuster1 to Adjuster2 does not strip the Injury Specialist of their ownership of the specific injury exposure.
Why Adjuster1 loses access:Adjuster1 was the previous owner. Once ownership is transferred to Adjuster2 (who is in a different group, "Auto Team 2"), Adjuster1 no longer meets the criteria for ownership access.
Unless Adjuster1 is explicitly added to the ACL manually or has "Super User" privileges (not stated), they lose the automatic access rights associated with being the owner.

NEW QUESTION # 54
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. Stop 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. Ask the bank to hold 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 destroyed after it 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 to Void the 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 a new check for the correct amount ($950) to pay the claimant.

NEW QUESTION # 55
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. Notes
- D. Loss Details > Status

Answer: B

NEW QUESTION # 56
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