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Scrum PSPO-II Professional Scrum Product Owner II 1



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Scrum PSPO-II Exam consists of 30 multiple-choice questions that must be completed in 90 minutes. PSPO-II exam assesses the candidate's understanding of advanced Product Owner concepts such as product value, stakeholder management, product backlog refinement, and optimizing the product value. PSPO-II exam also evaluates the candidate's ability to apply the Scrum framework to real-world scenarios and make informed decisions based on the Scrum values and principles.

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Scrum PSPO-II Certification Exam is intended for experienced Product Owners who have already obtained the Scrum PSPO-I certification. It is also suitable for Product Owners who have been working in Scrum teams for at least 2 years and have a deep understanding of Scrum principles and practices.

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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">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	<ul style="list-style-type: none">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	<ul style="list-style-type: none"> • 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.
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It is a universally accepted fact that the ClaimCenter-Business-Analysts exam is a tough nut to crack for the majority of candidates, but there are still a lot of people in this field who long to gain the related certification so that a lot of people want to try their best to meet the challenge of the ClaimCenter-Business-Analysts Exam. A growing number of people know that if they have the chance to pass the exam, they will change their present situation and get a more decent job in the near future.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q23-Q28):

NEW QUESTION # 23

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. Loss Details > Status
- C. Notes
- **D. History**

Answer: D

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 the User who performed the action, the Timestamp of the event, and a Description of 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 note can 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 the current state 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 # 24

What is the importance of a mock-up of the user interface (UI) design?

- A. A mock-up tells the customer what the current ClaimCenter user experience is.
- **B. A mock-up shows the viewer what the intended ClaimCenter user experience is.**
- C. A mock-up illustrates for the customer what the final ClaimCenter user experience is.

- D. A mock-up illustrates for the viewer the integration of ClaimCenter with outside sources.

Answer: B

Explanation:

In the context of a Guidewire implementation project, a User Interface (UI) Mock-up is a visual tool used during the requirements gathering and design phases. Its primary purpose is to illustrate the intended user experience before development begins.

* Visualization of Requirements: Mock-ups bridge the gap between abstract written requirements (User Stories) and the concrete software product. They show stakeholders how the screens will look and function to meet their needs.

* Intended vs. Final: Option A is correct because the mock-up represents the proposed or intended design.

Option D ("Final") is subtly incorrect because the "final" experience is the actual, functioning software, which may evolve slightly from the mock-up during development due to technical constraints or feedback.

* Current vs. Integration: Option B refers to the existing system (Current state), which is typically shown via live demo, not a mock-up. Option C refers to backend integrations, which are typically documented via data mapping spreadsheets or architecture diagrams, not UI mock-ups.

NEW QUESTION # 25

Which two best practices should a Business Analyst (BA) follow to be prepared for a Requirements Workshop? (Choose two.)

- A. Ask the Project Manager to set an agenda.
- **B. Review base product functionality of ClaimCenter for related process.**
- C. Review acceptance criteria.
- **D. Review notes from Inception Workshop.**
- E. Invite end users with knowledge of related process.

Answer: B,D

Explanation:

Preparation is key to a successful Requirements Workshop (or Elaboration Workshop). The BA must enter the room with a clear understanding of the project scope and the tool's capabilities.

* Review Notes from Inception (B): The Inception Phase defines the high-level scope, vision, and business objectives. Reviewing these notes ensures the BA understands the boundaries of the discussion (e.g., "We are doing Auto Hail damage, but not Property Hail damage yet") and the strategic goals defined by the sponsors.

* Review Base Product Functionality (C): To effectively lead the session and recommend solutions (as seen in Question 22), the BA must be familiar with how ClaimCenter handles the specific topic (e.g., Check Wizards, Coverage Verification) out-of-the-box. This allows the BA to demo standard features during the workshop to drive "Fit-to-Standard" discussions rather than starting from a blank sheet of paper.

* Why not A, D, or E? Inviting users (A) and setting agendas (E) are logistical tasks often handled by the Project Manager or shared; they are not "personal preparation" of knowledge. Acceptance Criteria (D) are typically written during or after the workshop, not reviewed beforehand (unless refining an existing story).

NEW QUESTION # 26

Succeed Insurance allows field Adjusters to write checks directly to the insured to cover damage costs for minor claims such as:

* Personal auto claims involving cracked windshields

* Homeowners claims involving minor glass breakage

The Adjuster uses the Manual Check Wizard to record the check number and amount against a reserve line.

Succeed requires Supervisor approval for all manual checks to ensure that the paper checks are verified against the payment information in ClaimCenter.

Which two limits or rules must be configured in ClaimCenter to ensure that these manual payments are sent to the correct person for approval? (Choose two.)

- A. Approval routing rules
- **B. Authority limits**
- C. TransactionSet validation rules
- **D. Transaction approval rules**

Answer: B,D

Explanation:

To enforce an approval workflow for a specific type of financial transaction (like "Manual Checks") regardless of the dollar amount, a Business Analyst must leverage both Authority Limits and Transaction Approval Rules.

* Authority Limits (D): These are the primary controls for financial exposure. While typically used for amounts (e.g., "Limit of \$5,000"), they are the foundational mechanism that triggers the system's

"Pending Approval" state. For this scenario, an authority limit could be set to \$0 for the specific payment method of "Manual Check" to force all such payments into the approval workflow.

* Transaction Approval Rules (C): These rules allow for more granular, logic-based approval triggers beyond simple amounts. Since the requirement specifies "all manual checks" (implying a condition based on the method of payment, not just the amount), a Transaction Approval Rule is the best practice configuration. The rule would be written to state: "If Payment Method is Manual, then Approval is Required."

* Why not A (Approval Routing)? While Approval Routing rules determine who receives the request (the "correct person"), the default behavior in ClaimCenter is to route approvals to the user's Supervisor.

Since the requirement is simply "Succeed requires Supervisor approval," the standard routing logic likely suffices without needing new custom configuration. The critical configuration needed is the trigger (C and D) to stop the payment in the first place.

NEW QUESTION # 27

Succeed Insurance has a strategic initiative to change auto insurance into a pay-as-you-drive model... When claims are processed, claimants must provide the log from the application for the date of incident. The log's details are essential to validation and analysis of the monitoring system's activity at the time of the incident.

Without the application log, claims should not be processed to indemnification.

Executives say the implementation team must maintain the base product functionality where appropriate and only change those things essential to the success of the initiative...

Which two requirements are in scope based on the guiding principles? (Choose two.)

- A. As an Adjuster, vehicle mileage/kilometers must be captured during adjudication to track mileage /kilometers, and potentially prevent fraudulent activities.
- B. As an Adjuster, the insured application log must be received, reviewed, and attached to the claim to analyze and validate the monitoring systems activity at the time of the claim.
- C. As a business, integration to the top five vehicle manufacturers must be completed to maximize accuracy of claim processing. Succeed intends to complete one integration every 30 days.
- D. As an Adjuster, the system should prevent indemnification of claimants if the application log has not been provided and reviewed to prevent payments without validation.

Answer: B,D

Explanation:

When defining scope based on specific strategic initiatives and guiding principles (such as "only change those things essential"), the Business Analyst must map requirements directly to the stated business rules and critical success factors.

* Requirement D (Log Intake): The scenario explicitly states: "The log's details are essential to validation and analysis... claimants must provide the log." Option D directly captures this by requiring the log to be received, reviewed, and attached. This is the core data intake requirement.

* Requirement C (Validation Rule): The scenario states: "Without the application log, claims should not be processed to indemnification." Option C directly maps to this business rule. It utilizes base product capabilities (Validation Rules) to enforce the "No Log, No Pay" constraint, ensuring the initiative's security and validity.

Why other options are incorrect:

* Option B (OEM Integration): The scenario mentions leveraging integration "where possible," but creates a requirement for "application logs," not direct integration with "top five vehicle manufacturers." Adding a rigid schedule ("one integration every 30 days") is a high-cost, high-complexity constraint that contradicts the principle of maintaining base functionality and minimizing cost/maintenance unless explicitly required.

* Option A (Mileage): While mileage is part of the concept, the essential requirement described for the claim process is the validation of the log for the incident. Tracking mileage is secondary to the critical path of validating the accident data via the log.

NEW QUESTION # 28

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