Guidewire ClaimCenter-Business-Analysts시험대비덤프 & ClaimCenter-Business-Analysts덤프공부
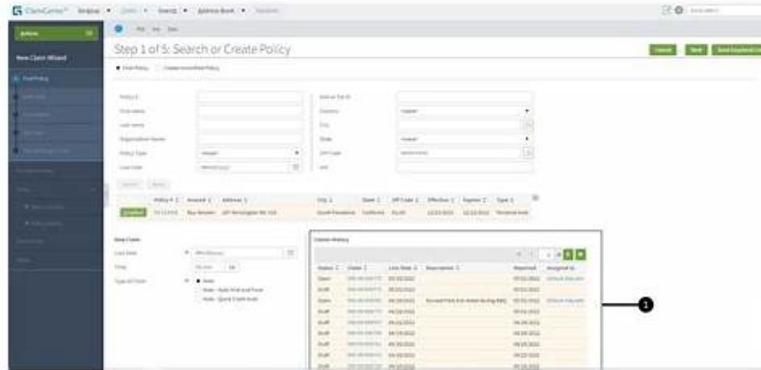

Demo를 다운받아Guidewire ClaimCenter-Business-Analysts덤프의 일부분 문제를 체험해보시고 구매하셔도 됩니다. 저희 DumpTOP에서는Guidewire ClaimCenter-Business-Analysts덤프의 일부분 문제를 샘플로 제공해드립니다. 덤프만 열공하시면Guidewire ClaimCenter-Business-Analysts시험패스가 가능하기에 저희 자료를 선택한걸 후회하지 않게 할 자신이 있습니다.

자기한테 딱 맞는 시험준비공부자료 마련은 아주 중요한 것입니다. DumpTOP는 ClaimCenter-Business-Analysts업계에 많이 알려져있는 덤프제공 사이트입니다. DumpTOP덤프자료가 여러분의 시험준비자료로 부족한 부분이 있는지는 구매사이트에서 무료샘플을 다운로드하여 덤프의일부분 문제를 우선 체험해보시면 됩니다. DumpTOP에서 ClaimCenter-Business-Analysts제공해드리는 퍼펙트한 덤프는 여러분이 한방에 시험에서 통과하도록 최선을 다해 도와드립니다.

>> **Guidewire ClaimCenter-Business-Analysts시험대비덤프** <<

최신 업데이트버전 ClaimCenter-Business-Analysts시험대비덤프 공부문제

DumpTOP는IT업계전문가들이 그들의 노하우와 몇 년간의 경험 등으로 자료의 정확도를 높여 응시자들의 요구를 만족시켜 드립니다. 우리는 꼭 한번에Guidewire ClaimCenter-Business-Analysts시험을 패스할 수 있도록 도와드릴 것입니다. 여러분은Guidewire ClaimCenter-Business-Analysts시험자료 구매로 제일 정확하고 또 최신시험버전의 문제와 답을 사용할 수 있습니다. Pass4Tes의 인증시험적중 율은 아주 높습니다. 때문에 많은 IT인증시험준비중인분들에세 많은 편리를 드릴수 있습니다.100%정확도 100%신뢰.여러분은 마음편히 응시하시면 됩니다.

Guidewire ClaimCenter-Business-Analysts 시험요강:

주제	소개
주제 1	• InsuranceSuite Analyst Fundamentals: This domain covers InsuranceSuite platform fundamentals including user interface, data model, application logic, integration mechanisms, and hands-on workshop exercises for practical application.
주제 2	• 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.
주제 3	• 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.
주제 4	• 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.

최신 Guidewire Certified Professional ClaimCenter-Business-Analysts 무료 샘플문제 (Q47-Q52):

질문 # 47

A commercial auto claims group at Succeed Insurance has a large number of overdue activities related to service requests.
Reviewing the distribution of these activities across the team, the supervisor sees that one Adjuster on the team owns only one of these activities, while the other Adjusters own five or six.
To expedite completion of these activities, the Supervisor decides that the Adjuster with one service request activity will handle all of the overdue service activities for the team.
Which screen can the Supervisor use to most efficiently reassign these service request activities?

- A. Queued Activities
- B. Search Activities
- C. Desktop Activities
- D. Team tab Activities

정답：D

설명：

The Team Tab is the dedicated workspace in ClaimCenter designed for Supervisors and Managers to oversee the workload and performance of their direct reports (groups).
* Efficiency:From the Team Activitiesscreen, a supervisor can view all activities assigned to users within their group in a single list.
* Functionality:This screen provides built-in filtering (e.g., "Overdue" or "Due Today") and bulk processing capabilities. The Supervisor can select multiple activities currently owned by different adjusters (the ones with five or six items), click theAssignbutton, and reassign them all to the target Adjuster (the one with only one item) in a single action.
* Why it fits:This meets the requirement to "review the distribution" (viewing the team's load) and
"reassign" efficiently from one central location.
Why other options are incorrect:
* Queued Activities (A)displays items that are sitting in a queue waiting to be picked up; it does not display activities already owned by individual users.
* Search Activities (B)allows finding activities but is less efficient because it requires setting up complex search criteria to find the specific group's items, whereas the Team tab is pre-filtered to the supervisor's hierarchy.
* Desktop Activities (C)displays the activities assigned to thecurrent user(the Supervisor themselves), not the activities owned by their subordinates.
Here are the 100% verified answers for Question 14 and Question 15 based on Guidewire ClaimCenter Business Analyst documentation.

질문 # 48

An Adjuster at Succeed Insurance is handling a personal auto claim for an insured who hit a tree after swerving to avoid a child who ran into the road.
The Adjuster has this Authority Limit Profile:

Limit Type	Policy Type	Coverage Type	Cost Type	Amount
Claim payments to date	Personal Auto			$5,000.00
Claim total reserves	Personal Auto			$5,000.00
Payments exceed reserves	Personal Auto			$500.00

The Adjuster creates a collision exposure and sets the initial reserves so that payments can be made to the insured for repairs to the damaged vehicle. No payments have been created yet.
The current financials for the claim are as follows:
Which two financial transactions will not require approval given that each option is the only transaction change rather than a cumulative change? (Choose two.)

- A. The Claim Cost - Auto body reserve line is increased to $6,000.
- B. A partial payment of $2,000 is made against the Claim Cost - Auto body reserve line.
- C. The Expense - A&O - Vehicle inspection reserve line is increased to $550.
- D. A partial payment of $1,100 is made against the Expense - A&O - Vehicle inspection reserve line.

정답：B,C

설명：

To determine if a transaction requires approval, we must compare the proposed transaction against the Adjuster's Authority Limits and the current financial state of the claim.
* Current State:Total Reserves = $3,000 ($2,500 Indemnity + $500 Expense). Total Paid = $0.
* Adjuster Limits:
* Claim Total Reserves Limit: $5,000
* Payments Exceed Reserves Limit: $500
Evaluation of Options:
* Option B (No Approval Required):Making a $2,000 payment against the "Claim Cost - Auto body" reserve.
* The available reserve is $2,500. Since $2,000 < $2,500, the payment does not exceed the reserve.
* The total payments on the claim would be $2,000, which is well below the "Claim payments to date" limit of $5,000.
* Option D (No Approval Required):Increasing the Expense reserve to $550.
* This increases the total claim reserves from $3,000 to $3,050 ($2,500 + $550).
* Since $3,050 is below the Adjuster's "Claim total reserves" limit of $5,000, no approval is triggered.
Why other options require approval:
* Option A:A payment of $1,100 against a $500 reserve means the payment exceeds the reserve by $600.
The Adjuster's limit for "Payments exceed reserves" is only $500. Since $600 > $500, approval is required.
* Option C:Increasing the Auto body reserve to $6,000 would raise the total claim reserves to $6,500 ($6,000 + $500). This exceeds the Adjuster's "Claim total reserves" limit of $5,000, triggering an approval.

질문 # 49
What is a reason to assign a unique identification number to each User Story Card in ClaimCenter implementation projects?

- A. The number identifies total time estimated for building out the related User Story.
- B. The number helps to identify accepted and rejected Acceptance Criteria on Burndown Charts.
- C. The number is used in the naming convention of: Product - Theme - Subtheme - ID number.
- D. The number provides the primary means for organizing tasks in backlog.

정답：C

설명：
In Guidewire implementation methodology (such as SurePath), traceability and organization are maintained through strict naming conventions.
* Naming Convention (Option C):A unique identification number is assigned to every User Story Card to create a consistent naming structure:Product - Theme - Subtheme - ID. (For example: CC - FNOL - Vehicle - 001).
* Purpose:This convention allows Business Analysts, Developers, and QA testers to easily reference, search, and trace requirements across different tools (e.g., from the Story Card in Excel/Jira to the code in Studio and the test cases in the testing suite).
* Why not A, B, or D?Time estimation (A) uses "Story Points," not the ID. Burndown charts (B) track velocity/points, not criteria IDs. Backlogs (D) are organized by Business Value/Priority, not just numerically by ID.

질문 # 50
Succeed Insurance is expanding into California, Texas, and Arizona which have large Spanish-speaking customer bases. Currently language is not considered in assignment. Succeed wants the ability to assign claims to appropriate bilingual Adjusters. Succeed also needs the ability to identify the preferred language of the customers.
The company is planning to implement a slightly modified version of ClaimCenter to suit its organization's needs. The modification will include adding two new required fields to the existing user interface (UI) to capture the reporter's Preferred Language and Preferred Contact Time. This requirement is critical for Succeed to enhance the operational efficiency and expediency of claims processing in its region.
Which two guiding principles apply to this implementation? (Choose two.)

- A. We are not building a system from scratch.
- B. We will challenge current processes.
- C. We will include scope that accelerates time-to-market.
- D. We will not revisit decisions already documented.

정답：A,B

설명：
In Guidewire implementation projects (often following the SurePath methodology), specific Guiding Principles are established to manage scope and ensure project success.

* "We are not building a system from scratch" (Option A):This is the foundational principle of package software implementation. The scenario explicitly states that Succeed is implementing a

"slightly modified version of ClaimCenter" (using the base product) rather than building a custom solution. The project team accepts that they are starting with a robust, pre-built application and will only modify it where necessary (e.g., the two specific fields).

* "We will challenge current processes" (Option B):The scenario notes that "Currently language is not considered in assignment." To successfully implement the new requirement (bilingual assignment), the project team must challenge and change the legacy business process. Instead of automating the old way of working (which ignored language), they are defining a new, more efficient process that leverages the tool's capabilities.

Why other options are incorrect:

* Option C:Adding scope (new fields) generallyincreasesrisk and time rather than accelerating it, unless the scope is strictly MVP. The primary focus here is efficiency, not just speed of deployment.

* Option D:While "not revisiting decisions" is a good governance rule, it is not the primary principle illustrated by the decision to modify the UI for specific business value.

질문 # 51

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 Load and save validation level.
- B. Create a Validation rule enforcing a new custom Validation level for mechanical requirements.
- C. Create a Validation rule enforcing the New loss completion validation level.
- D. Create a Validation rule enforcing the Ability to pay validation level.

정답：C

설명：

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.

질문 # 52

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ClaimCenter-Business-Analysts덤프공부 : https://www.dumptop.com/Guidewire/ClaimCenter-Business-Analysts-dump.html

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