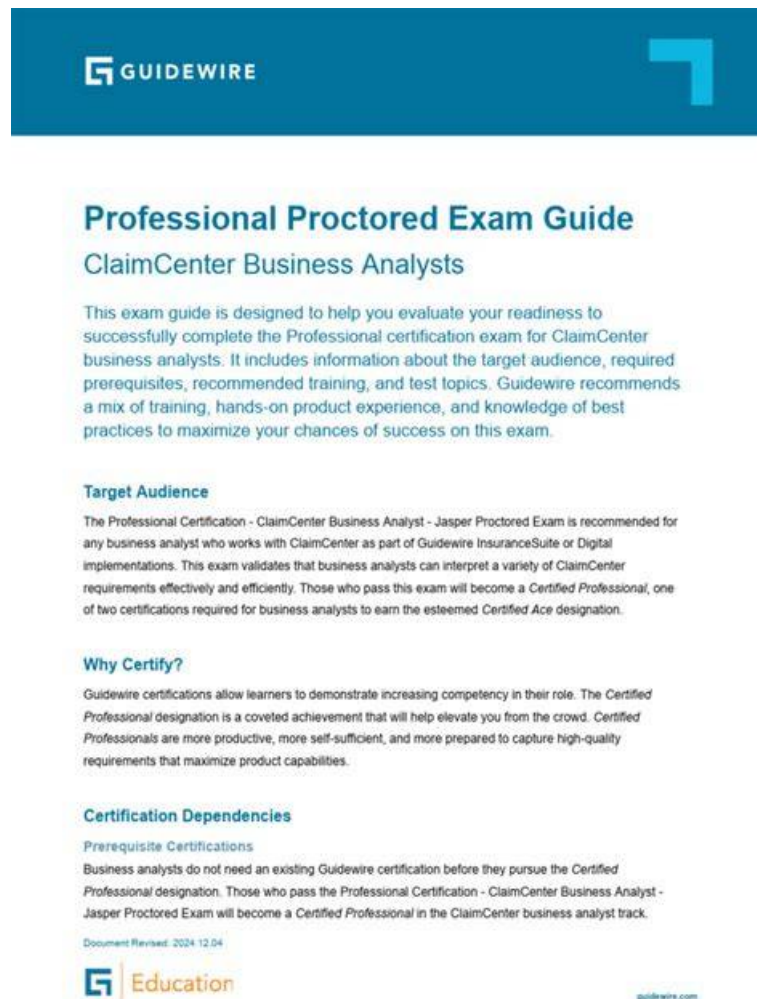


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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Section	Objectives
Topic 1: Behavior Driven Development at Guidewire	- Connecting Business Requirements to Test Scenarios - BDD Principles and Collaboration - Writing Acceptance Criteria
Topic 2: InsuranceSuite Analyst Fundamentals	- InsuranceSuite Module Navigation and Integration - Core Guidewire Platform Concepts
Topic 3: Quality Analyst Basics	- Data Accuracy Verification - Defect Identification and Validation - Quality Assurance Frameworks
Topic 4: Claim Center Data Model and Adjudication	- Claim Data Entities and Relationships - Adjudication Processes

- Topic 5: Claim Processes and Maintenance
- Claim Status Transitions and Rules
 - Maintenance and Configuration
 - Claim Lifecycle Management
- Topic 6: Claim Center Financials Transactions
- Reserves Management
 - Financial Calculations and Rules
 - Payments and Recoveries

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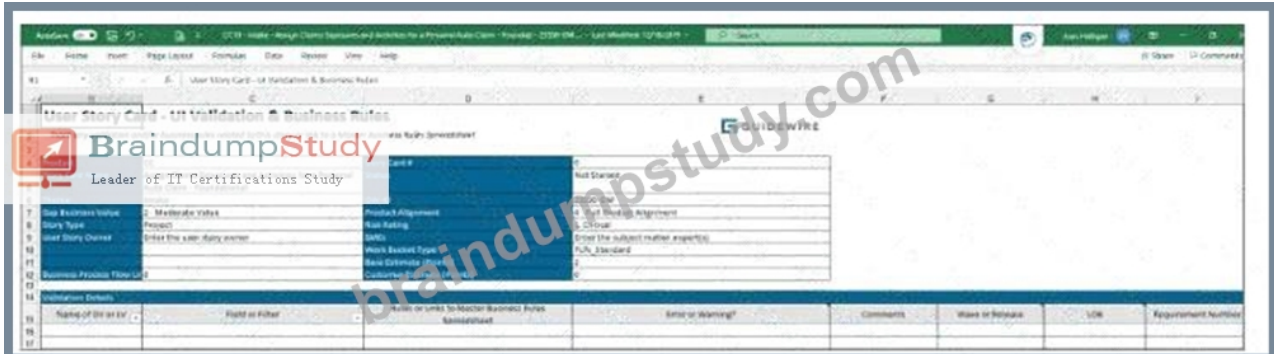
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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q21-Q26):

NEW QUESTION # 21

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. Global Assignment Rule, Default Group Assignment Rule, Exit Type
- **B. Entity, Line of Business, Rule Conditions, Rule Actions**
- C. Error or Warning?, Base Product/New/Modified, Acceptance Criteria
- D. Name of DV or LV, Field or Filter, Rules or Links to Master Business Rules Spreadsheet
- **E. Comments, Wave or Release, Requirement Number**

Answer: B,E

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 for any requirements 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 to UI 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 as columns is not the standard way to document a list of requirements. Usually, the rule type would 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 # 22

Why are unique requirement numbers so important for business analysis?

- **A. Requirement numbers are useful for technical support and allow customers to track back on root causes for a support ticket.**
- B. Requirement numbers are specific to the document control portion of the Story Card and allow the analyst to trace who did what and when.
- C. Requirement numbers organize requirements with a unique ID and provide a standardized order for insertion of new requirements.
- D. Requirement numbers are not absolutely necessary but they make it easier to trace changes that occur.

Answer: A

Explanation:

Traceability is the primary driver for assigning unique identification numbers to every business requirement.

* Root Cause Analysis (Option C): Throughout the software development lifecycle (SDLC), a requirement flows from the Business Analyst (User Story) to the Developer (Code) and the Tester (Test Case). When a defect is found in production (a support ticket), the unique requirement number allows the team to trace the issue backward. They can determine if the defect was caused by a coding error (Requirement was right, code was wrong) or a requirements gap (Code met the requirement, but the requirement was wrong). This link "back to the root cause" is critical for quality assurance and continuous improvement.

Why other options are incorrect:

* A: Unique IDs are considered absolutely necessary in formal agile methodologies (like the one used by Guidewire) for traceability matrices.

* B: Document control tracks the file history, not the granular requirement history.

* D: While IDs do organize data, their function in "standardized order for insertion" is administrative and secondary to the strategic value of traceability described in Option C.

NEW QUESTION # 23

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. Intake**
- B. Adjudicate
- C. Special Services
- D. Settle/Close

Answer: A

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): The Intake theme covers the First 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 the Intake theme.

* 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 occur after 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 # 24

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. Sidebar
- B. Tab Bar
- C. Workspace
- D. Info Bar
- E. Screen Area

Answer: D,E

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, the Claim 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 # 25

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

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

Answer: A,B

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 specific Reserve 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 payments can be 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 during the check wizard process. The relevant dates in the wizard are the "Service Period" or "Scheduled Send Date."

NEW QUESTION # 26

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