

# Reliable ClaimCenter-Business-Analysts Exam Cram & ClaimCenter-Business-Analysts Valid Vce Dumps

## GuideWire ClaimCenter Professional Exam 2023-2024

What does an end user need to access a GW app - ANSWER A supported web browser and a valid username and password

What is one thing that determines what data is gathered on a claim intake screen - ANSWER Type of claim (auto, homeowners)

When a user attempts to log into CC, what 3 pieces of info does the app attempt to determine? - ANSWER 1. can the user be authenticated

2. what are the users roles

3. what is the users startup page

What is the purpose of an exposure? - ANSWER Used to track potential payments on one coverage for one claimant

What are two mechanisms used to determine if a payment requires approval? - ANSWER 1. Authority Limits

2. Transaction Approval Rules

What two mechanisms are referred to as a check? - ANSWER A physical paper check and an EFT

What is a set of activities on a claim called? - ANSWER A workplan

What are the three types of service requests? - ANSWER 1. Service only

2. Quote only

3 Quote and service

What is an incident? - ANSWER The 'what' that was lost or damaged

What are the six assignable objects in CC base configuration? - ANSWER 1. Claims

2. Exposures

3. Activities

4. Service requests

5. Matter (litigation)

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## Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>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.</li> </ul>

## Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q37-Q42):

### NEW QUESTION # 37

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

**Answer: A**

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 created without the 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 # 38

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:

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

**Answer: B,C**

Explanation:

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.

### NEW QUESTION # 39

To optimize business process workflow, an insurer has spent a great deal of effort on estimating the amount of effort required to complete various types of work... They are also aware that certain situations may require specialized expertise and want to incorporate this in their decision making.

All claims and exposures are entered using only the ClaimCenter new claim wizard. Once entered, the work should be automatically distributed fairly to those properly suited, as determined by the company's knowledge of each worker's skill set.

Which two assignment mechanisms, alone or together, will achieve their goal? (Choose two.)

- A. FNOL queues
- **B. User attribute**
- C. Supervisor assignment
- **D. Weighted workload**
- E. Round-robin

**Answer: B,D**

Explanation:

To meet the dual requirements of "specialized expertise" and "fair distribution based on effort," the Business Analyst should utilize User Attributes and Weighted Workload assignment rules.

\* User Attributes (Option B): This feature handles the "specialized expertise" requirement.

Administrators can tag users with specific attributes (e.g., "Bilingual," "Heavy Equipment Expert,"

"Litigation Specialist"). Assignment rules can then be configured to filter the pool of potential assignees to only those who possess the matching attribute for the specific claim type.

\* Weighted Workload (Option D): This feature handles the "fair distribution" and "amount of effort" requirement. Unlike Round-robin (which treats all claims as equal), Weighted Workload assigns a "weight" (effort points) to the claim and tracks the "load factor" (current capacity) of the user. The system assigns the new work to the user with the lowest relative workload, ensuring that adjusters handling difficult, high-effort claims are not overwhelmed with the same volume as those handling simple claims.

Why other options are incorrect:

\* Round-robin (A): Distributes work purely cyclically (1-2-3-1-2-3) without regard for the user's current workload or the complexity of the claim.

\* FNOL Queues (C): This is a "pull" mechanism where work sits in a bucket until someone grabs it, rather than the "automatic distribution" (push) requested.

\* Supervisor Assignment (E): This is manual, not automatic.

#### NEW QUESTION # 40

Which workflow will kick in if the claim assignment is handled via "Default Group Claim Assignment Rule" with available matching?

- A. Claim goes to the "Root Group" for manual assignment.
- B. Claim gets assigned to an appropriate Group based on geography and LOB.
- C. Claim gets assigned to a Supervisor to determine next step.
- **D. Claim gets assigned to a user based on expertise and workload.**

**Answer: D**

Explanation:

In Guidewire ClaimCenter, assignment logic functions in a two-stage process: first Global Assignment (which finds the appropriate Group) and then Group Assignment (which finds the appropriate User within that group).

1

The Default Group Claim Assignment Rule is the specific logic set used to distribute claims within a group once the group has already been identified. When this rule is configured with "available matching" (often referred to as criteria-based or attribute-based assignment), the system evaluates the users inside that group against specific criteria.

\* Workflow: The system filters the group's users to find those who are "available" (not on vacation) and then matches the claim against user attributes such as Expertise, Workload (current claim count), or specific skills.

\* Result: The claim is automatically assigned to the best-fit User within that group.

Why other options are incorrect:

\* Option B (Geography/LOB): This describes Global Assignment rules, which are responsible for routing the claim to the correct office or unit (Group), not the specific user.

\* Option C (Supervisor): Assigning to a supervisor is a fallback mechanism (often called "Assign to Supervisor") used when the system fails to find a matching user or when manual intervention is explicitly required. It is not the primary function of "available matching."

\* Option D (Root Group): Routing to the "Root Group" is a last-resort fallback when Global Assignment fails entirely to find any appropriate group.

#### NEW QUESTION # 41

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**



