ClaimCenter-Business-Analysts Lead2pass Review - Latest ClaimCenter-Business-Analysts Test Testking

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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	• 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.
Topic 2	• 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	• 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.
Topic 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.
Topic 5	• 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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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q51-Q56):

NEW QUESTION # 51
When capturing information about a damaged vehicle, Succeed Insurance requires that the total distance driven (miles/km) for the vehicle be captured as well. What is the best practice for a Business Analyst (BA) to determine if ClaimCenter already has a field to capture distance driven?

- A. Log in to ClaimCenter and review the Vehicle Incident screen to see if there is a relevant field.
- B. Check the full view of the Data Dictionary to see if a relevant field exists on the Vehicle entity.
- C. Review the Guidewire ClaimCenter Application Guide for information on creating a vehicle incident.
- D. Start Guidewire Studio, search for a Vehicle Incident screen and review it for a relevant field.

Answer: B

Explanation:
The Data Dictionary is the definitive reference tool for Business Analysts to explore the data model of a Guidewire application.
* Best Practice:To determine if a specific data point (like "distance driven" or "odometer reading") exists in the system's schema, the BA should consult theData Dictionary. This auto-generated documentation lists all entities (such as Vehicle or VehicleIncident) and their associated fields (columns), along with data types and descriptions. This confirms existence even if the field is not currently exposed on the user interface.
* Why Option B is better than A:Checking the UI (Option A) is unreliable because a field may exist in the database but be hidden, disabled, or not placed on the specific screen the BA is viewing.
* Why Option B is better than C:The Application Guide (Option C) describes standard features and workflows but does not provide a granular, technical list of every database column, nor does it reflect any custom schema extensions added by the implementation team.
* Why Option B is better than D:While Guidewire Studio (Option D) is a powerful tool thatcanverify this, it is primarily a developer environment. For a Business Analyst, the Data Dictionary is the intended, accessible "Source of Truth" artifact for data modeling questions without requiring IDE access or technical code navigation.

NEW QUESTION # 52
Under the Travel loss type, Succeed Insurance offers personal travel policies as part of its travel line of business.
Which two pieces of information in the user interface (UI) will be different for a personal travel claim than for a personal auto or homeowners claim? (Choose two.)

- A. Contact information collected for the insured
- B. The values displayed in the list of loss causes
- C. The format of the Financial Summary screen
- D. The values displayed in the list of fault ratings
- E. Incident types available for recording damage

Answer: B,E

Explanation:
Guidewire ClaimCenter is designed to support multiple Lines of Business (LOB), and the User Interface adapts dynamically based on the policy type associated with the claim.
* Incident Types (Option B):The "Incident" is the object that describes what was damaged or lost.
* ForAuto, the UI displaysVehicle Incidents(describing cars).
* ForHomeowners, the UI displaysDwellingorFixed Property Incidents.
* ForTravel, the UI will display distinct incident types such asBaggage Incident(for lost luggage) orTrip Cancellation Incident. These are fundamentally different data objects with different fields.
* Loss Causes (Option C):The LossCause typelist is filtered by the Line of Business.
* Autoclaims show causes like "Collision," "Rear-end," or "Theft of Vehicle."
* Travelclaims will show completely different values such as "Trip Delay," "Lost Baggage,"
"Medical Emergency," or "Cancellation."
Why other options are incorrect:
* Financial Summary (A):The structural format of the Financial Summary screen (displaying Reserve Lines, Payments, and Remaining Reserves) is a core system framework that remains consistent across all lines of business.
* Contact Information (E):The Contact entity (Name, Address, Phone) is a shared entity. The fields used to capture a person's details are generally the same whether they are a driver, a homeowner, or a traveler.

NEW QUESTION # 53

Which set of three objects is required to create a liability exposure?

- A. Coverage (type and subtype), Incident, Reserve Line
- B. Claimant, Incident, Reserve Line
- C. Claimant, Coverage (type and subtype), Reserve Line
- D. Claimant, Coverage (type and subtype), Incident

Answer: D

Explanation:
In the Guidewire ClaimCenter object model, a Liability Exposure represents a specific potential financial obligation to a third party. To successfully instantiate (create) a new exposure record, the system requires three fundamental data associations to define "Who, What, and How":
* Claimant:The specific person or entity seeking compensation (the "Who"). Every exposure must be linked to a contact designated as the claimant.
* Coverage (Type and Subtype):The specific contractual provision from the policy that applies to the loss (the "How"). The exposure must link back to a valid coverage on the verified policy to confirm the insurer is liable.
* Incident:The specific details of the event or damage (the "What"). In ClaimCenter, anIncidentis a distinct object (e.g., Vehicle Incident, Injury Incident) that captures the facts of the loss. Multiple exposures can link to the same incident (e.g., Bodily Injury and Property Damage exposures both linking to the same Vehicle Incident), but every exposure requires one underlying incident to define the scope of the damage.
Why other options are incorrect:
* Reserve Line (A, C, D):A Reserve Line is a financial accounting object createdafterthe exposure exists to set aside funds. It is a child object of the exposure, not a prerequisite for creating the exposure itself.

NEW QUESTION # 54

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 # 55
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. Transaction approval rules
- B. Authority limits
- C. TransactionSet validation rules
- D. Approval routing rules

Answer: A,B

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 themethodof payment, not just the amount), aTransaction Approval Ruleis 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 determinewhoreceives 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 # 56
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Keep making progress is a very good thing for all people. If you try your best to improve yourself continuously, you will that you will harvest a lot, including money, happiness and a good job and so on. The ClaimCenter-Business-Analysts preparation exam from our company will help you keep making progress. Choosing our ClaimCenter-Business-Analysts Study Material, you will find that it will be very easy for you to overcome your shortcomings and become a persistent person. Our ClaimCenter-Business-Analysts exam dumps will lead you to success!

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