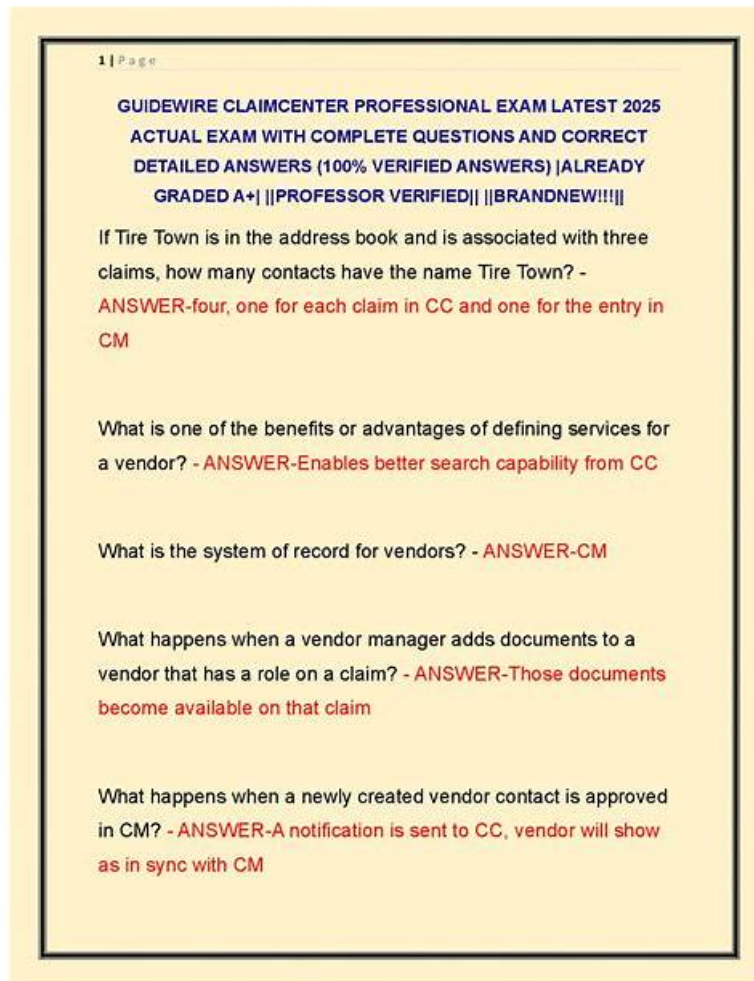


ClaimCenter-Business-Analysts Latest Test Cost & ClaimCenter-Business-Analysts Demo Test



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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

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

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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q32-Q37):

NEW QUESTION # 32

When creating a new Personal Auto claim, Succeed Insurance would like to identify when Rideshare is the primary use for a vehicle. A Business Analyst (BA) thinks that Primary Use already exists as a typekey on the Vehicle Details screen. What are two ways the BA can confirm whether this field is configured in ClaimCenter and, if it is, which values are available in the typelist? (Choose two.)

- A. Access the Data Dictionary > Click the Data Entities link > Open the PrimaryUse entity from left-hand pane to view field details on the right pane.
- B. Log in to ClaimCenter > Create a new Personal Auto claim > Navigate to Vehicle Details > Use keyboard shortcut CTRL + F to find information about the fields on the screen.
- C. Access the Guidewire ClaimCenter Application Guide > Go to section on Personal Auto Object Model which lists available entities.
- D. Open Guidewire Studio for ClaimCenter > Navigate to the Vehicle Details screen > Locate the Primary Use field to view its typelist.

Answer: A,D

Explanation:

To verify the configuration of a specific field and its available values (typelist) within a specific implementation (like Succeed Insurance), a Business Analyst must consult the sources that reflect the current, actual system configuration, not just the out-of-the-box documentation.

* Option A (Data Dictionary): The Data Dictionary is the definitive, generated documentation of the running application's data model. It lists all Entities (such as Vehicle) and their Typekeys (such as PrimaryUse). By navigating to the Data Dictionary, a BA can confirm if the field exists in the database schema and view the specific Typelist values (e.g., "Rideshare", "Commuting", "Pleasure") associated with it. This is a primary tool for BAs to understand the data structure.

* Option D (Guidewire Studio): Guidewire Studio is the Integrated Development Environment (IDE) used to configure the application. It contains the "Source of Truth" for all configuration files. A BA (or a developer assisting them) can open the Page Configuration (PCF) files to see the Vehicle Details screen definition or open the Typelist files (.tti/.ttx) directly to see exactly which values are defined and active.

Why other options are incorrect:

* Option B (Application Guide): The Application Guide documents the Base (Out-of-the-Box) product features. It does not contain customer-specific customizations or extensions. If "Primary Use" or "Rideshare" were added or modified by Succeed Insurance, the Application Guide would not reflect this.

* Option C (UI Inspection with CTRL+F): While logging into the application allows a user to see the dropdown on the screen, the shortcut CTRL + F is merely the browser's "Find" function. It searches visible text on the page but does not provide configuration metadata, hidden values, or definitive proof of the underlying data model structure. The correct shortcut for inspecting widget properties in Guidewire is Alt + Shift + I (Location Info), but even that is less efficient for viewing a full typelist than the Data Dictionary or Studio.

NEW QUESTION # 33

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

Answer: B,C

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.

* For Auto, the UI displays Vehicle Incidents (describing cars).

* For Homeowners, the UI displays Dwelling or Fixed Property Incidents.

* For Travel, the UI will display distinct incident types such as Baggage Incident (for lost luggage) or Trip Cancellation Incident. These are fundamentally different data objects with different fields.

* Loss Causes (Option C): The Loss Cause typelist is filtered by the Line of Business.

* Auto claims show causes like "Collision," "Rear-end," or "Theft of Vehicle."

* Travel claims 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 # 34

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

Answer: A,C

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 # 35

Succeed Insurance needs the ability to associate a primary hospital with an injury incident if the injured party received treatment. When treatment is needed, the primary hospital name should display on the injury incident screen along with other details about the injury and treatment received.

The primary hospital should be added to the injury incident in one of the following ways:

- . Select the name from a list of medical care organizations already associated with the claim.
- . Enter the contact details directly in the incident.
- . Search the Address Book from the incident to locate a hospital.

Which two requirements must be documented to associate the primary hospital with the claim? (Choose two.)

- A. A new primary hospital role
- B. A new field in the Address Book to identify a vendor as a hospital
- C. A new field on the incident screen to add a contact with a role
- D. A new Hospital contact subtype

Answer: A,C

Explanation:

To implement the functionality of associating a specific contact (the "Primary Hospital") with an entity (the "Injury Incident") in Guidewire ClaimCenter, two core configuration components are required:

* A new primary hospital role (Option B): In ClaimCenter, the relationship between a Contact and a Claim (or Incident) is defined by a Role. While the contact itself might be a "Medical Care Organization" (existing subtype), the context of its relationship to this specific incident is that it is the

"Primary Hospital". Defining this role allows the system to distinguish this hospital from other medical providers on the same claim.

* A new field on the incident screen (Option C): To allow the user to select, add, or view this contact, a UI element (specifically a Claim Contact Picker or Input widget) must be added to the Injury Incident screen. This field will be configured to store the relationship and allows the user to perform the required actions: selecting from existing contacts (filtered by the role), entering new ones, or searching the Address Book.

Why other options are incorrect:

* A (New Subtype): The base product already includes the MedicalCareOrg contact subtype, which is sufficient to store hospital data. Creating a new subtype is unnecessary unless the data structure (fields) of a hospital is fundamentally different from other medical providers.

* D (Address Book Field): Contacts in the Address Book are typically identified by tags or their Subtype, not by adding a custom field just to identify them as a vendor/hospital.

NEW QUESTION # 36

A catastrophe has been created in ClaimCenter for Tropic Storm Dorian. Succeed Insurance requires that all claims resulting from the storm be attributed to that catastrophe when they are entered in ClaimCenter. The completion target is within three (3) days of claim creation and should be escalated if it is not completed within five (5) days.

Which required element for a business activity rule is missing?

- A. AppliesTo
- B. TriggerEntity
- C. RuleCondition
- D. Actions

Answer: D

Explanation:

A complete Business Rule (specifically one designed to generate an Activity) consists of a Context (Trigger /Entity), a Condition (Logic), and an Action (Execution).

* Missing Element: Actions (Option A):The scenario describes the trigger("when they are entered"), the intent/condition("resulting from the storm"), and the parameters of the resulting activity (Target: 3 days, Escalation: 5 days). However, it fails to specify the action details required to execute the rule:

specifically, who the activity should be assigned to (The Assignee) and the specific instruction to create the activity instance. Without defining the Action (e.g., "Create Activity 'Review Catastrophe' and Assign to Claim Owner"), the rule cannot function.

* Why other options are present:

* Trigger Entity (B):Implied as the Claim (since the text says "when they [claims] are entered").

* Rule Condition (C):While "resulting from the storm" is vague, it represents the business condition. The Action (assignment) is the most glaring omission preventing the workflow from reaching a user.

* Applies To (D):This generally refers to the root entity (Claim), which is identified.

NEW QUESTION # 37

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