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Professional Proctored Exam Guide

ClaimCenter Business Analysts

This exam guide is designed to help you evaluate your readiness to successfully complete the Professional certification exam for ClaimCenter business analysts. It includes information about the target audience, required prerequisites, recommended training, and test topics. Guidewire recommends a mix of training, hands-on product experience, and knowledge of best practices to maximize your chances of success on this exam.

Target Audience

The Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam is recommended for any business analyst who works with ClaimCenter as part of Guidewire InsuranceSuite or Digital implementations. This exam validates that business analysts can interpret a variety of ClaimCenter requirements effectively and efficiently. Those who pass this exam will become a *Certified Professional*, one of two certifications required for business analysts to earn the esteemed *Certified Ace* designation.

Why Certify?

Guidewire certifications allow learners to demonstrate increasing competency in their role. The *Certified Professional* designation is a coveted achievement that will help elevate you from the crowd. *Certified Professionals* are more productive, more self-sufficient, and more prepared to capture high-quality requirements that maximize product capabilities.

Certification Dependencies

Prerequisite Certifications

Business analysts do not need an existing Guidewire certification before they pursue the *Certified Professional* designation. Those who pass the Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam will become a *Certified Professional* in the ClaimCenter business analyst track.

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Our ClaimCenter-Business-Analysts exam questions just focus on what is important and help you achieve your goal. When the reviewing process gets some tense, our ClaimCenter-Business-Analysts practice materials will solve your problems with efficiency. With high-quality ClaimCenter-Business-Analysts Guide materials and flexible choices of learning mode, they would bring about the convenience and easiness for you. Every page is carefully arranged by our experts with clear layout and helpful knowledge to remember.

Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">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.
Topic 2	<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 3	<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.
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>> ClaimCenter-Business-Analysts Test Voucher <<

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Since the content of the examination is also updating daily, you will need real and latest Guidewire ClaimCenter-Business-Analysts Dumps to prepare successfully for the ClaimCenter-Business-Analysts Certification Exam in a short time. People who don't study from updated ClaimCenter-Business-Analysts questions fail the examination and loss time and money.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q48-Q53):

NEW QUESTION # 48

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

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

Answer: C

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).

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TheDefault 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 # 49

What is the importance of a mock-up of the user interface (UI) design?

- A. A mock-up illustrates for the customer what the final ClaimCenter user experience is.
- B. A mock-up illustrates for the viewer the integration of ClaimCenter with outside sources.
- C. A mock-up tells the customer what the current ClaimCenter user experience is.
- D. A mock-up shows the viewer what the intended ClaimCenter user experience is.

Answer: D

Explanation:

In the context of a Guidewire implementation project, a User Interface (UI) Mock-up is a visual tool used during the requirements gathering and design phases. Its primary purpose is to illustrate the intended user experience before development begins.

* Visualization of Requirements: Mock-ups bridge the gap between abstract written requirements (User Stories) and the concrete software product. They show stakeholders how the screens will look and function to meet their needs.

* Intended vs. Final: Option A is correct because the mock-up represents the proposed or intended design.

Option D ("Final") is subtly incorrect because the "final" experience is the actual, functioning software, which may evolve slightly from the mock-up during development due to technical constraints or feedback.

* Current vs. Integration: Option B refers to the existing system (Current state), which is typically shown via live demo, not a mock-up. Option C refers to backend integrations, which are typically documented via data mapping spreadsheets or architecture diagrams, not UI mock-ups.

NEW QUESTION # 50

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

Answer: A,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 # 51

A Business Analyst (BA) noticed that one of the User Story Card files for the project indicated that it had recently been modified.

The BA wanted to see who changed it, what was changed, and why it was changed.

Where on the Story Card can the BA go to determine the changes recently made to it?

- A. Go to File > Properties
- B. Go to the Action Items tab > Description > Resolution/Comments
- C. Go to the Document Control tab > Amendment History
- D. Go to the UI Fields tab > New or Modified fields

Answer: C

Explanation:

In the standard Guidewire User Story Card template (an Excel-based tool used for requirements gathering), version control is manually tracked to ensure auditability and clarity among the project team.

- * Document Control Tab (Option C): This is typically the first tab in the Story Card workbook. It contains a section specifically for Amendment History (or Revision History).
 - * Content: This section is designed to capture:
 - * Who: The author of the change.
 - * When: The date of the change.
 - * What/Why: A description of the modification (e.g., "Updated Acceptance Criteria based on Workshop feedback"). This provides the specific "Who, What, and Why" requested in the scenario.
- Why other options are incorrect:
- * File > Properties (A): This is standard Excel metadata. It shows the "Last Modified By" user and date, but it cannot explain what specific cells were changed or why (the business context).
 - * Action Items (B): This tab tracks open questions or tasks, not the revision history of the document requirements.
 - * UI Fields (D): This tab tracks the requirements for screen fields, but does not serve as a changelog for the entire document.

NEW QUESTION # 52

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

Answer: D

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 # 53

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