Interactive ClaimCenter-Business-Analysts Questions & ClaimCenter-Business-Analysts Valid Test Papers

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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 3	• 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 4	• 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 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.

>> Interactive ClaimCenter-Business-Analysts Questions <<

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Questions

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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q20-Q25):

NEW QUESTION # 20
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. TransactionSet validation rules
- C. Approval routing rules
- D. Authority limits

Answer: A,D

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 # 21
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. Special Services
- B. Intake
- C. Adjudicate
- D. Settle/Close

Answer: B

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):TheIntaketheme covers theFirst 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 theIntaketheme.
* 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 occurafter 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 # 22
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 Guidewire ClaimCenter Application Guide > Go to section on Personal Auto Object Model which lists available entities.
- B. Open Guidewire Studio for ClaimCenter > Navigate to the Vehicle Details screen > Locate the Primary Use field to view its typelist.
- C. 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.
- D. 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.

Answer: B,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):TheData Dictionaryis the definitive, generated documentation of the running application's data model. It lists allEntities(such as Vehicle) and theirTypekeys(such as PrimaryUse). By navigating to the Data Dictionary, a BA can confirm if the field exists in the database schema and view the specificTypelistvalues (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 Studiois 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 thePage Configuration (PCF)files to see the Vehicle Details screen definition or open theTypelistfiles (.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 theBase (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 shortcutCTRL + Fis 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 # 23
Succeed Insurance has plans to expand operations in Greeley, Colorado. Due to a history of hailstorm related damage in the area, the company plans to offer reimbursement for hail damage as an option.
Which two actions should the Business Analyst (BA) take to determine the requirements for the project?

(Choose two.)

- A. Recommend existing base product features and functionality to expedite the implementation.
- B. Identify changes to the line of business typelists and determine the correct data mapping.
- C. Lead an elaboration workshop with the customer and follow up to identify next steps.
- D. Author user stories following the elaboration workshops and identify acceptance criteria.

Answer: A,C

Explanation:
In the Guidewire delivery methodology, the "Determine Requirements" phase (often part of Inception or Elaboration) focuses on understanding the business need and mapping it to the software capabilities.
* Lead an Elaboration Workshop (A):TheElaboration Workshopis the primary forum where BAs engage with stakeholders (like the Greeley operations team) to discuss the specific needs for the new
"hail damage" product. This is where the raw requirements are gathered, discussed, and refined.
* Recommend Base Product Features (B):A critical responsibility of the Guidewire BA is to maximize product value by reducing unnecessary customization. When determining requirements for
"reimbursement" and "hail damage," the BA should immediately demonstrate and recommend how ClaimCenter's out-of-the-box Coverage, Exposure, and Incident features can handle this scenario. This aligns the customer's expectations with the standard software capabilities, expediting the implementation.
* Why not C or D?Authoring user stories (C) and defining typelists (D) areoutputsortasksthat occurafter the requirements have been determined and the solution approach (Standard vs. Custom) has been agreed upon.

NEW QUESTION # 24
What two pieces of information enable the Business Analyst (BA) to trace back to the root cause of an issue?
(Choose two.)

- A. The caution points indicated on the User Story Workflow
- B. The Approver Notes on the Acceptance tab of the Adjudicate - Create and Maintain Exposures for Vehicle User Story Card
- C. The unique Story Card number associated with the acceptance criteria
- D. The change history on the Document Control tab of the Adjudicate - Create and Maintain Exposures for Vehicle User Story Card
- E. The unique requirement numbers related to User Story

Answer: C,E

Explanation:
In Guidewire implementation methodology (Agile/SurePath), Traceability is maintained through specific unique identifiers that link the code and test cases back to the business definition.
* Unique Requirement Numbers (Option E):Every granular business requirement is assigned a unique ID (e.g., CC-FNOL-001). If a defect or issue arises during testing or production, the BA uses this number to find the exact text of the requirement that was implemented. This helps determine if the issue is a "bug" (code doesn't match requirement) or a "gap" (requirement was missing or wrong).
* Unique Story Card Number (Option A):User Stories act as containers for requirements. The Story Card Number (e.g., Story-105) links the individual requirements to the broader feature context. Tracing back to the Story Card allows the BA to review the original scope, the UI mockups, and the Acceptance Criteria associated with that feature to understand the "Root Cause" of the misunderstanding or failure.
Why other options are incorrect:
* Option B (Caution points):These are process diagrams notes, useful for training but not for system traceability.
* Option C (Change History):While useful for seeingwhoedited a document, it does not provide the structural link between a system error and the business definition like the IDs do.
* Option D (Approver Notes):These confirm sign-off but rarely contain the functional detail needed to diagnose a root cause.

NEW QUESTION # 25
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