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## ClaimCenter-Business-Analysts Reliable Test Vce, New ClaimCenter-Business-Analysts Test Notes

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

### NEW QUESTION # 48

Drivers for Rideshare companies need insurance that provides protection when they are driving the vehicle for personal reasons. This will be the Succeed Insurance standard Personal Auto Policy. However, they also need insurance to protect them from the increased risks associated with working as a Rideshare Driver. This would include when they are logged in to the Rideshare application waiting for a customer match, on their way to pick up a customer, but not when a customer has entered the vehicle.

When a driver is working as a Rideshare Driver, this new Rideshare coverage will protect them from the following types of risks, and there is a need to be able to collect the appropriate information about the losses:

- . Injury to a first-party driver
  - . Damaged personal property of the third-party passengers
- Which two exposures need to be configured? (Choose two.)

- A. Rideshare Liability Personal Injury Protection

- B. Rideshare Medical Payments
- C. Rideshare Personal Property Protection
- D. Rideshare Liability Bodily Injury
- E. Rideshare Liability Under Insured Motorist

**Answer: B,C**

Explanation:

250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:

To satisfy the requirements for the new "Rideshare" coverage product, the Business Analyst must map the described risks to the correct Exposure Types in the ClaimCenter data model.

\* Risk: Injury to a first-party driver: In insurance terminology, "First Party" refers to the insured (the driver). Coverage for injuries sustained by the driver themselves is typically handled by Medical Payments (MedPay) or Personal Injury Protection (PIP). Among the choices provided, Rideshare Medical Payments (Option C) is the correct exposure type to cover medical costs for the driver regardless of fault. (Option E, Liability Bodily Injury, would cover injuries to others that the driver hit).

\* Risk: Damaged personal property of third-party passengers: This refers to liability for damage to property belonging to others. While typically "Property Damage Liability," the specific option provided that fits this description is Rideshare Personal Property Protection (Option B). This exposure would be configured to capture details about the damaged items (e.g., luggage, electronics) belonging to the passengers.

Why other options are incorrect:

\* Option E (Liability Bodily Injury): This is for Third Party injuries (e.g., pedestrians or people in other cars), not the First Party driver.

\* Option D (Under Insured Motorist): This applies when the Rideshare driver is hit by someone else who doesn't have enough insurance. The prompt focuses on the risk of the driver working, not the financial failure of others.

#### NEW QUESTION # 49

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. History
- B. Financials > Transactions
- C. Notes
- D. Loss Details > Status

**Answer: A**

#### NEW QUESTION # 50

A Business Analyst (BA) has identified a new typecode essential for Succeed Insurance implementation.

During adjudication, Adjusters need to be able to update the loss cause value to reflect the new typecode.

Which tabs in a Guidewire Story Card should be used to document the business requirement?

- A. Change Summary, UI Mockup, UI Fields, Typelist, and Action Items
- B. Document Control, UI Mockup, Typelist, Action Items, and Business Acceptance
- C. Change Summary, UI Fields, Typelist, Action Items, and Business Acceptance
- D. Document Control, UI Mockup, UI Fields, Typelist, and Business Acceptance

**Answer: D**

Explanation:

To fully document a requirement that involves both a User Interface change (updating a value on a screen) and a Data Model change (adding a new typecode), the standard Guidewire Story Card tabs required are:

\* Document Control: Captures the metadata (Author, Version, Owner) to track the requirement's history.

\* UI Mockup: Visually illustrates where on the screen the "Loss Cause" field is located and how the dropdown should appear to the Adjuster.

\* UI Fields: Defines the specific behavior of the field (e.g., Is it mandatory? Is it editable during adjudication? What is the label?).

\* Typelist: This is critical for this specific scenario. It lists the actual Code, Name, and Description of the new typecode being added.

to the "Loss Cause" typelist.

\* Business Acceptance: Defines the testable criteria (Acceptance Criteria) to verify that the adjuster can successfully select the new value and save the claim.

Why Option B is correct: It is the only option that includes both the visual requirements (Mockup/Fields) and the data requirement (Typelist) alongside the standard control and testing tabs (Document Control/Business Acceptance).

### NEW QUESTION # 51

Succeed Insurance is expanding into California, Texas, and Arizona which have large Spanish-speaking customer bases. Currently language is not considered in assignment. Succeed wants the ability to assign claims to appropriate bilingual Adjusters. Succeed also needs the ability to identify the preferred language of the customers.

The company is planning to implement a slightly modified version of ClaimCenter to suit its organization's needs. The modification will include adding two new required fields to the existing user interface (UI) to capture the reporter's Preferred Language and Preferred Contact Time. This requirement is critical for Succeed to enhance the operational efficiency and expediency of claims processing in its region.

Which two guiding principles apply to this implementation? (Choose two.)

- A. We are not building a system from scratch.
- B. We will challenge current processes.
- C. We will not revisit decisions already documented.
- D. We will include scope that accelerates time-to-market.

**Answer: A,B**

Explanation:

In Guidewire implementation projects (often following the SurePath methodology), specific Guiding Principles are established to manage scope and ensure project success.

\* "We are not building a system from scratch" (Option A): This is the foundational principle of package software implementation. The scenario explicitly states that Succeed is implementing a

"slightly modified version of ClaimCenter" (using the base product) rather than building a custom solution. The project team accepts that they are starting with a robust, pre-built application and will only modify it where necessary (e.g., the two specific fields).

\* "We will challenge current processes" (Option B): The scenario notes that "Currently language is not considered in assignment." To successfully implement the new requirement (bilingual assignment), the project team must challenge and change the legacy business process. Instead of automating the old way of working (which ignored language), they are defining a new, more efficient process that leverages the tool's capabilities.

Why other options are incorrect:

\* Option C: Adding scope (new fields) generally increases risk and time rather than accelerating it, unless the scope is strictly MVP. The primary focus here is efficiency, not just speed of deployment.

\* Option D: While "not revisiting decisions" is a good governance rule, it is not the primary principle illustrated by the decision to modify the UI for specific business value.

### NEW QUESTION # 52

Succeed Insurance handles a small volume of asbestos claims in their legacy system. These claims can remain open for many years to cover medical costs to claimants due to illnesses caused by exposure to asbestos in the workplace.

Succeed has the following requirements for paying these claims with the New Check Wizard:

- . No indemnity (claim cost) payments can be made until a medical assessment of the claimant is completed.
- . Expense payments can be made to cover Succeed's costs to process the claim.

Which feature in the base product can be extended to support both of these requirements?

- A. Claim Maturity Level - Ability to pay
- B. Transaction approval rules
- C. Financial holds
- D. Authority Limits

**Answer: A**

Explanation:

250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:

The requirement to block specific types of payments (Indemnity) while allowing others (Expenses) based on the status of claim data (Medical Assessment) is best handled by Validation Rules at the Ability to Pay level.

\* Ability to Pay (Option D): In Guidewire ClaimCenter, the "Ability to Pay" is a specific Validation Level. When a user attempts to issue a check, the system runs a set of validation rules to ensure the claim has reached a sufficient level of maturity and data completeness. This is the "gatekeeper" for payments.

\* How it works for this scenario: A Business Analyst can define a validation rule at the "Ability to Pay" level that states: "If the Payment Type is Indemnity AND the Medical Assessment is incomplete, then raise an error."

\* Why it fits: This logic perfectly satisfies both requirements.

\* It blocks Indemnity payments if the assessment is missing.

\* It implicitly allows Expense payments to proceed because the rule only checks for Indemnity payments.

Why other options are incorrect:

\* Authority Limits (A) control the amount of money a user can approve, not the prerequisites for payment.

\* Transaction Approval Rules (B) are used to route checks for supervisory review based on criteria, not to block them entirely due to missing data.

\* Financial Holds (C) are generally applied to a whole claim or exposure to suspend all payments (or broadly all payments of a certain category). While possible to configure, they are less flexible than Validation Rules for checking specific data fields like "Medical Assessment" dynamically during the check wizard process.

## NEW QUESTION # 53

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