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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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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q50-Q55):

NEW QUESTION # 50

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

Answer: C

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 ofLoss (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 # 51

Succeed Insurance has a strategic initiative to change auto insurance into a pay-as-you-drive model... When claims are processed, claimants must provide the log from the application for the date of incident. The log's details are essential to validation and analysis of the monitoring system's activity at the time of the incident.

Without the application log, claims should not be processed to indemnification.

Executives say the implementation team must maintain the base product functionality where appropriate and only change those things essential to the success of the initiative...

Which two requirements are in scope based on the guiding principles? (Choose two.)

- A. As an Adjuster, the insured application log must be received, reviewed, and attached to the claim to analyze and validate the monitoring systems activity at the time of the claim.
- B. As an Adjuster, the system should prevent indemnification of claimants if the application log has not been provided and reviewed to prevent payments without validation.
- C. As a business, integration to the top five vehicle manufactures must be completed to maximize accuracy of claim processing. Succeed intends to complete one integration every 30 days.
- D. As an Adjuster, vehicle mileage/kilometers must be captured during adjudication to track mileage /kilometers, and potentially prevent fraudulent activities.

Answer: A,B

Explanation:

When defining scope based on specific strategic initiatives and guiding principles (such as "only change those things essential"), the Business Analyst must map requirements directly to the stated business rules and critical success factors.

* Requirement D (Log Intake):The scenario explicitly states:"The log's details are essential to validation and analysis... claimants must provide the log."Option D directly captures this by requiring the log to be received, reviewed, and attached. This is the core data intake requirement.

* Requirement C (Validation Rule):The scenario states:"Without the application log, claims should not be processed to indemnification."Option C directly maps to this business rule. It utilizes base product capabilities (Validation Rules) to enforce the "No Log, No Pay" constraint, ensuring the initiative's security and validity.

Why other options are incorrect:

* Option B (OEM Integration):The scenario mentions leveraging integration "where possible," but creates a requirement for "application logs," not direct integration with "top five vehicle manufacturers." Adding a rigid schedule ("one integration every 30 days") is a high-cost, high- complexity constraint that contradicts the principle of maintaining base functionality and minimizing cost/maintenance unless explicitly required.

* Option A (Mileage):While mileage is part of the concept, theessentialrequirement described for the claim process is thevalidation of the logfor the incident. Tracking mileage is secondary to the critical path of validating the accident data via the log.

NEW QUESTION # 52

A performing arts organization operates nationwide and is responsible for setting up stages for musical acts and concerts. The organization requires specific insurance coverage for its gear and equipment, including audio systems, lighting, cameras, and control boards. Succeed Insurance wants to optimize claim intake, processing, and reporting for this organization.

Which modifications should be made to ClaimCenter's base product line of business (LOB)?

- A. Add newLossTypecode(s) andPolicyTypecode(s) to the LOB model to handle the organization's coverage needs.
- B. The existing ClaimCenter standard LOB model can meet the company's objectives without modifications.
- C. Add newCoverage Subtypecode(s) with detailed information for eachExposureTypecode to the existing LOB model.
- **D. Add relevantCoverageTypecode(s), Coverage Subtypecode(s), and mapExposureTypecode(s) to support the new coverage.**

Answer: D

Explanation:

According to the Guidewire ClaimCenter Business Analyst documentation, ClaimCenter's line of business (LOB) framework is intentionally designed to support extensibility through configuration rather than structural changes to core policy or loss classification elements. When an insurer needs to support specialized insured property-such as professional audio, lighting, and staging equipment-the recommended approach is to enhance the coverage configuration.

ClaimCenter models policy coverage using a hierarchy ofCoverageTypeandCoverage Subtypetypelists.

CoverageType codes represent high-level coverage categories defined by the policy, while Coverage Subtype codes allow insurers to further refine and classify coverage details. These coverage elements are then associated withExposureTypecodes, which drive claim processing behavior such as exposure creation, reserving, payment handling, and reporting.

By adding appropriate CoverageType and Coverage Subtype codes for equipment and gear coverage and mapping them to ExposureType codes, ClaimCenter can automatically create accurate exposures during claim intake. This approach ensures adjusters can efficiently process claims while maintaining consistent workflows and financial controls. It also supports meaningful analytics and reporting without altering the base product structure.

The Guidewire documentation advises against introducing newLossTypeorPolicyTypecodes unless the insurer is defining an entirely new policy or loss classification. LossType codes describe how a loss occurred (for example, theft or accidental damage), not the nature of the insured property. PolicyType changes are similarly broad and unnecessary for extending coverage within an existing LOB.

Therefore, optionBaligns with Guidewire best practices by extending ClaimCenter's coverage and exposure configuration to meet the organization's needs while preserving the integrity of the standard LOB model.

NEW QUESTION # 53

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

Answer: C

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 # 54

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

Answer: A

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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The Default 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 # 55

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