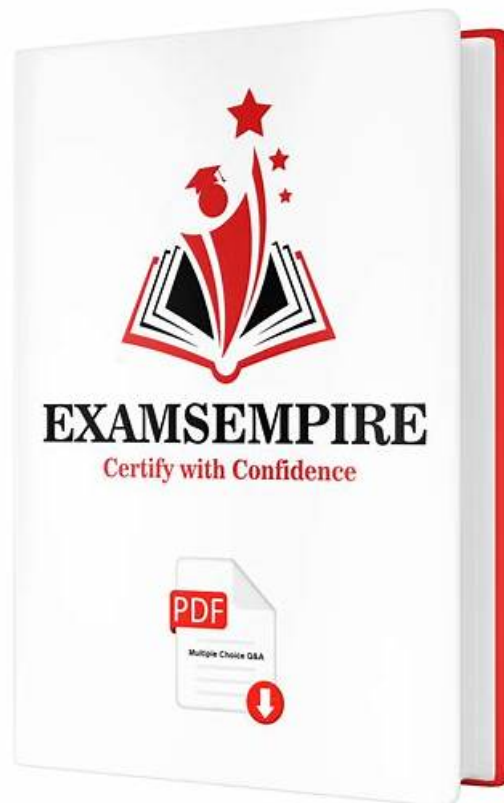# New ClaimCenter-Business-Analysts Discount Code | High Pass-Rate New ClaimCenter-Business-Analysts Exam Practice: ClaimCenter Business Analyst - Mammoth Proctored Exam 100% Pass

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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q10-Q15):

NEW QUESTION # 10

To optimize business process workflow, an insurer has spent a great deal of effort on estimating the amount of effort required to complete various types of work... They are also aware that certain situations may require specialized expertise and want to incorporate this in their decision making.

All claims and exposures are entered using only the ClaimCenter new claim wizard. Once entered, the work should be automatically distributed fairly to those properly suited, as determined by the company's knowledge of each worker's skill set.

Which two assignment mechanisms, alone or together, will achieve their goal? (Choose two.)

- A. Supervisor assignment
- B. FNOL queues
- C. Weighted workload
- D. User attribute
- E. Round-robin

Answer: C,D

Explanation:

To meet the dual requirements of "specialized expertise" and "fair distribution based on effort," the Business Analyst should utilize User Attributes and Weighted Workload assignment rules.

* User Attributes (Option B):This feature handles the "specialized expertise" requirement.

Administrators can tag users with specific attributes (e.g., "Bilingual," "Heavy Equipment Expert,"

"Litigation Specialist"). Assignment rules can then be configured to filter the pool of potential assignees to only those who possess the matching attribute for the specific claim type.

* Weighted Workload (Option D):This feature handles the "fair distribution" and "amount of effort" requirement. Unlike Round-robin (which treats all claims as equal), Weighted Workload assigns a

"weight" (effort points) to the claim and tracks the "load factor" (current capacity) of the user. The system assigns the new work to the user with the lowest relative workload, ensuring that adjusters handling difficult, high-effort claims are not overwhelmed with the same volume as those handling simple claims.

Why other options are incorrect:

* Round-robin (A):Distributes work purely cyclically (1-2-3-1-2-3) without regard for the user's current workload or the complexity of the claim.

* FNOL Queues (C):This is a "pull" mechanism where work sits in a bucket until someone grabs it, rather than the "automatic distribution" (push) requested.

* Supervisor Assignment (E):This is manual, not automatic.

NEW QUESTION # 11

Whenever the Total Loss Calculator determines that a vehicle is a total loss, Succeed Insurance wants to create a custom history event with the exposure name and total loss score.

Which step in the claim setup process flow must be completed before the history event can be created?

- A. Add a new step before the Vehicle Incident step to create the history event.
- B. Add a new step before the Total Loss Calculator to create the history event.
- C. Add a new step after the Vehicle Incident step to create the history event.
- D. Add a new step after the Total Loss Calculator to create the history event.

Answer: D

Explanation:

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

In Guidewire ClaimCenter workflow analysis and configuration, defining the correct sequence of operations is critically dependent on Data Availability and Data Dependency.

The specific requirement here dictates that the custom history event must capture the Total Loss Score. In the context of the ClaimCenter object model and process flow, the Total Loss Score is an output value generated specifically by the Total Loss

Calculatorengine. Before this calculator runs, the score attribute is effectively null or non-existent.

Therefore, to satisfy the business requirement, the step that writes the history event must be placedafterthe step that generates the data it needs to record.

* Process Logic:If the Business Analyst were to place the history event creation stepbeforethe Total Loss Calculator (Option B) orbeforethe Vehicle Incident (Option D), the system would attempt to write a record containing a score that has not yet been calculated. This would result in either a system error or a history event with a blank/zero value, failing to meet the business requirement.

* Dependency Chain:The workflow dependency is: Vehicle Data Entry -> Total Loss Calculation -> Score Generation -> History Event Creation.

* Implementation Note:In a typical Guidewire implementation, this logic is often handled via "Event Fired" rules or specific "Exit Points" in the workflow. The system waits for the confirmation that the Total Loss calculation service has successfully returned a result. Once that transaction is committed and the score is persisted on the Vehicle or Exposure entity, the subsequent rule to generate the History Event can trigger successfully.

Consequently,Option Cis the only viable placement in the process flow. It ensures that the prerequisite action (calculation) is complete and the required data payload (the score) is available for the subsequent action (logging the history event).

NEW QUESTION # 12

An Adjuster at Succeed Insurance creates a check with a partial payment of $1,200 for medical expenses payable to a claimant who was injured in a collision. The check has completed the following processing steps:

. The payment exceeded the Adjuster's authority limits, changing the status to Pending Approval.

. The Adjuster's supervisor reviewed and approved the payment, changing the status to Awaiting Submission.

. A batch process sent the check to the external check processing system, changing the status to Requested when ClaimCenter received an update from the external system.

The Adjuster received new information indicating that the check amount should be reduced to $950.

Which action should the Adjuster take?

* A. Edit the check and change the amount, then submit it for processing.
* B. Ask the bank to hold the check and create a new check for the correct amount.
* C. Stop the check and create a new check for the correct amount.
* D. Void the check and create a new check for the correct amount.

Answer: D

Explanation:

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

In the lifecycle of a check within Guidewire ClaimCenter, the Requested status indicates that the payment instruction has been successfully handed off to the downstream check writing or electronic funds transfer system. Once a check reaches this status, it is considered a committed financial transaction and is locked from further editing.

* Why Option A is incorrect:You cannot edit a check that is in "Requested" status. The "Edit" button will likely be disabled or the fields locked because the data has already left the system.

* Why Option C is incorrect:A "Stop" payment is typically reserved for scenarios where a physical check has been lost, stolen, or destroyedafterit was printed and mailed. While a Stop Payment does prevent the check from being cashed, it is a specific banking process often involving fees.

* Why Option D is Correct:To correct an administrative error (such as the wrong amount) for a check that has been processed but not yet negotiated (cashed), the standard procedure is toVoidthe check.

Voiding the check in ClaimCenter performs two critical functions:

* It reverses the financial T-accounts (reserves and payments) associated with the transaction, ensuring the claim financials are accurate.

* It updates the status to "Voided," effectively cancelling the payment in the system.

After voiding the incorrect check ($1,200), the Adjuster must then create anew checkfor the correct amount ($950) to pay the claimant.

NEW QUESTION # 13

A car accident in a rural area of Durango, Colorado is reported to Succeed Insurance. The driver of the damaged car reportedly hit the base of a windmill tower while driving at night. There was no other passenger in the car when the accident happened, and the driver has a valid auto policy on file.

While the driver is not physically injured, the entire passenger side of the car has been severely damaged.

Although the windmill is still functioning, the base of the tower has sustained multiple broken parts.

Which two incidents need to be created for the claim based on the reported accident? (Choose two.)

- A. Create a vehicle incident for the damaged car
- B. Create a property incident for the damaged windmill
- C. Create a loss of use incident for the windmill tower
- D. Create another structure incident for windmill power damage
- E. Create an injury incident for the driver

Answer: A,B

Explanation:
In Guidewire ClaimCenter, an Incident is the data object used to capture the specific facts about "what" was damaged or affected during the loss event. It serves as the foundation for creating Exposures (the financial liabilities).
* Vehicle Incident (Option C):The scenario states that the insured's car has been "severely damaged" on the passenger side. To record these facts-including the point of impact, the severity, and the vehicle description-the Adjuster must create aVehicle Incident. This incident will eventually support the collision coverage exposure.
* Property Incident (Option B):The accident involved the car hitting a "windmill tower," resulting in
"broken parts" to the base. In ClaimCenter, damage to third-party non-vehicular objects (like fences, poles, buildings, or towers) is captured using aFixed Property Incident(often referred to generically as a Property Incident). This incident records the damage description and ownership of the windmill, which is necessary to handle the Property Damage Liability claim.
Why other options are incorrect:
* Option E (Injury):The scenario explicitly states the driver is "not physically injured." Therefore, an Injury Incident is not required.
* Option A ("Another structure"):The standard object for third-party fixed property damage is the Property Incident/Fixed Property Incident, not "Another structure."
* Option D (Loss of Use):While possible later, the primary immediate damage is physical. Loss of Use is usually a secondary exposure type, not the primary incident definition for the tower itself.

NEW QUESTION # 14
Which two actions may the Business Analyst (BA) perform based on the roles and permissions functionality of ClaimCenter? (Choose two.)

- A. Design requirements around different authority limits within the customer's organization
- B. Create a collection of permissions to simplify the management of large groups of users with the same permissions
- C. Define a role that consolidates variable permissions across multiple users into a single set of permissions
- D. Establish a best practice which dictates that each user should be given unique permissions to increase the precision of security

Answer: B,C

Explanation:
The Roles and Permissions functionality (part of the Role-Based Access Control or RBAC model) in ClaimCenter is designed to simplify security administration. A Business Analyst utilizes this functionality to define how users access the system.
* Defining Roles (Option A):A "Role" in Guidewire is fundamentally a named container for a set of System Permissions(e.g., claimview, activitycreate). The BA defines a role (like "Adjuster" or
"Supervisor") by consolidating the necessary individual permissions into one single set.
* Simplifying Management (Option B):The primary benefit of this model is efficiency. Instead of assigning 50 individual permissions to 100 different users, the BA/Admin creates a "Collection of permissions" (the Role) and assigns that single Role to the group of users. This simplifies onboarding and maintenance.
Why other options are incorrect:
* Authority Limits (C):While related to security,Authority Limits(financial caps on reserves/payments) are technically distinct from
"Roles and Permissions" functionality in the ClaimCenter object model.
Authority is handled via Authority Profiles, whereas Roles handle system access rights.
* Unique Permissions (D):This is the opposite of best practice. Assigning unique permissions to every user creates a maintenance nightmare. The best practice is to use standard Roles.

NEW QUESTION # 15
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