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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> 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.

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"> 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 4	<ul style="list-style-type: none"> 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 5	<ul style="list-style-type: none"> Claim Processes and Maintenance: This section focuses on end-to-end claims processes, organizational structure setup, line of business coverage configuration, claim intake procedures, and ongoing claim maintenance activities.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q16-Q21):

NEW QUESTION # 16

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

Answer: A

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 Calculator engine. 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 placed after the step that generates the data it needs to record.

* Process Logic: If the Business Analyst were to place the history event creation step before the Total Loss Calculator (Option B) or before the 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 C is 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 # 17

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

- A. Define a role that consolidates variable permissions across multiple users into a single set of permissions

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

Answer: A,B

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 # 18

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. Tab Bar
- C. Sidebar
- 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 # 19

Succeed Insurance requires that all vehicles involved in collisions be evaluated to determine if the vehicle is a total loss. A vehicle claim is deemed a total loss using a calculation based on points earned for selecting specific vehicle information.

What are two examples of acceptance criteria for this business requirement? (Choose two.)

- A. Ensure that the business rule generates the Review for Salvage Activity.
- B. Create a business rule to calculate total loss points.
- C. Add a question to the Total Loss Calculator that identifies the relevant damage.
- D. Validate the assignment to the Salvage Group when calculated points are 25 or greater.

Answer: A,D

Explanation:

Acceptance Criteria (AC) are specific conditions that the software must satisfy to be accepted by the user. In the context of a User Story, AC must be written as testable outcomes or verification steps (pass/fail conditions), not as implementation tasks for the developer.

* Option D (Testable Outcome): "Validate the assignment to the Salvage Group when calculated points are 25 or greater." This is a perfect example of AC. It describes a specific scenario (Points \geq 25) and the expected system behavior (Assign to Salvage Group). A tester can run this scenario and objectively determine if the system passes or fails.

* Option A (Testable Outcome): "Ensure that the business rule generates the Review for Salvage Activity." Similarly, this describes the expected result of the logic. It does not tell the developer how to write the code, but it tells the QA team what to look for (the creation of a specific Activity) to confirm the requirement is met.

Why other options are incorrect:

* Option B ("Add a question..."): This is an Implementation Task. It describes work the developer must do ("Add a question"), but it is not a criterion for verifying the end-to-end business value.

* Option C ("Create a business rule..."): This is also an Implementation Task. A user cannot "test" that a rule was created; they test the effect of that rule (which is described in A and D). Acceptance criteria focus on the "What" (behavior), while tasks focus on the "How" (configuration).

Here are the 100% verified answers for Question 16 and Question 17, formatted as requested.

NEW QUESTION # 20

Losses incurred because of an accident with other vehicles can be very large. Because of the risk of large losses, all claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not. The claim must show whether there were passengers in the vehicle at the time of the accident. Succeed wants the ability to include a very detailed description of the loss event information on intake of the claim.

When the claim is created, Succeed wants to flag the claim with a reminder for the Adjuster to contact the insured.

There should be reminders for the Adjuster to complete the following items for every new claim created:

- . Review any photographs of the accident
- . Contact and Interview each passenger
- . Collect statements from each witness
- . Record the vehicle's mileage

Which business requirement is based on assumptions?

- A. There should be reminders for the Adjuster to complete the following items for every new claim created: collect statements from each witness.
- B. When the claim is created, we want to flag the claim with a reminder for the Adjuster to contact the insured.
- C. All claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not.
- D. There should be reminders for the Adjuster to complete the following items for every new claim created: review any photographs of the accident.

Answer: D

Explanation:

In the context of business requirements analysis, an assumption is a statement that is accepted as true or certain to happen without proof.

* Why A is the correct answer: The requirement to generate a reminder to "review any photographs" for every new claim assumes that photographs will be available for every accident. In reality, photos are not always taken or provided at the First Notice of Loss (FNOL). Creating a mandatory task for an optional piece of evidence is based on the assumption of data availability.

* Why D is incorrect: "All claims must include a police report..." is a Business Rule or constraint. It is a mandatory condition imposed by the business ("must include") rather than an assumption about what is currently present.

* Why B is incorrect: Contacting the insured is a standard, universal step in the claims process that applies to every claim, so it is not considered an assumption.

