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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-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<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.

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"> 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.

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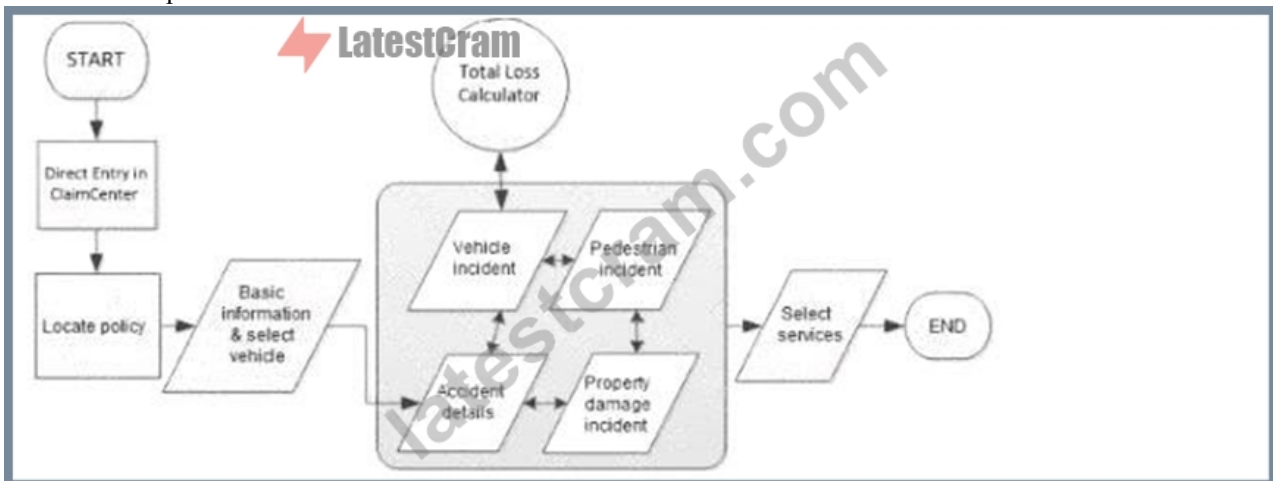
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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q33-Q38):

NEW QUESTION # 33

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

Answer: C

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 # 34

What are two recommended best practices with user interface (UI) mock-ups in a ClaimCenter implementation project? (Choose two.)

- A. A live system demonstration is acceptable in place of using a user interface (UI) mock-up to describe needed changes to the user interface.
- B. A Business Analyst (BA) should document the requirement number associated with the mock-up and then use a user interface (UI) mock-up tool to build the mock-up.
- C. When a Business Analyst (BA) does not have access to a tool, it is acceptable to take a clear screen shot, then indicate on the image how the screen should appear to meet the requirements.
- D. When creating a user interface (UI) mock-up, a Business Analyst (BA) should take a clear screen shot. User interface (UI) mock-up tools should not be used.

Answer: B,C

Explanation:

In a Guidewire implementation, User Interface (UI) mock-ups serve as critical visual aids to bridge the gap between written business requirements and the final technical solution.

* **Best Practice 1 (Option B):** While sophisticated prototyping tools (like Balsamiq or Axure) are valuable, they are not always strictly necessary for every change. A "low-fidelity" mock-up is often sufficient and highly effective for minor adjustments. If a BA lacks access to specialized software, the recommended best practice is to take a screenshot of the existing ClaimCenter screen and overlay it with text boxes, arrows, or simple graphics (using tools like Paint or PowerPoint) to clearly indicate where fields should be added, moved, or removed. The goal is clarity of intent, not artistic perfection.

* **Best Practice 2 (Option D):** Traceability is fundamental to the Agile and hybrid methodologies used in Guidewire projects. Every artifact, including mock-ups, must be traceable back to the specific User Story or Requirement Number it supports. By explicitly documenting the requirement number on or with the mock-up, the BA ensures that developers understand exactly which functionality is being visualized and that QA testers can validate the final screen against the correct scope.

Why other options are incorrect:

* **Option A:** A live demo shows the current state. It cannot effectively demonstrate future changes (fields that don't exist yet) without a visual mock-up to accompany the explanation.

* **Option C:** Stating that tools "should not be used" is incorrect; tools are generally encouraged when available to create high-fidelity prototypes.

NEW QUESTION # 35

A commercial auto claims group at Succeed Insurance has a large number of overdue activities related to service requests.

Reviewing the distribution of these activities across the team, the supervisor sees that one Adjuster on the team owns only one of these activities, while the other Adjusters own five or six.

To expedite completion of these activities, the Supervisor decides that the Adjuster with one service request activity will handle all of the overdue service activities for the team.

Which screen can the Supervisor use to most efficiently reassign these service request activities?

- A. Queued Activities

- **B. Team tab Activities**
- C. Desktop Activities
- D. Search Activities

Answer: B

Explanation:

The Team Tab is the dedicated workspace in ClaimCenter designed for Supervisors and Managers to oversee the workload and performance of their direct reports (groups).

- * Efficiency: From the Team Activities screen, a supervisor can view all activities assigned to users within their group in a single list.
- * Functionality: This screen provides built-in filtering (e.g., "Overdue" or "Due Today") and bulk processing capabilities. The Supervisor can select multiple activities currently owned by different adjusters (the ones with five or six items), click the Assign button, and reassign them all to the target Adjuster (the one with only one item) in a single action.
- * Why it fits: This meets the requirement to "review the distribution" (viewing the team's load) and "reassign" efficiently from one central location.

Why other options are incorrect:

- * Queued Activities (A) displays items that are sitting in a queue waiting to be picked up; it does not display activities already owned by individual users.
- * Search Activities (B) allows finding activities but is less efficient because it requires setting up complex search criteria to find the specific group's items, whereas the Team tab is pre-filtered to the supervisor's hierarchy.
- * Desktop Activities (C) displays the activities assigned to the current user (the Supervisor themselves), not the activities owned by their subordinates.

Here are the 100% verified answers for Question 14 and Question 15 based on Guidewire ClaimCenter Business Analyst documentation.

NEW QUESTION # 36

Succeed Insurance has a strategic initiative to offer pay-as-you-drive personal auto insurance to compete with other large carriers. Customers who choose these policies must either own a vehicle that is equipped with a monitoring device or agree to install a device provided by Succeed. The monitoring device collects information about how the drivers of a covered vehicle drive, including how fast they drive, how hard they brake, and how many miles/kilometers the vehicle travels within a policy period.

This information is logged, and premiums are based on how the insured's driving behavior is categorized.

When a claim is reported, the log files must be obtained to analyze the information captured by the monitoring device at the time of the incident.

Succeed plans to collect and evaluate the Vehicle Monitoring Log files in the first implementation phase, which is scheduled for release in 60 days. The project sponsors have instructed the implementation team to use base product functionality over customization. Integration should be leveraged where possible to avoid manual data entry.

No payments can be made on the claim until a flag indicating that the Vehicle Monitoring Log file has been processed has been set to 'Yes'.

Which feature of the base product prevents payments from being made on the claim?

- A. Validation rule enforcing the Send to external system validation level.
- **B. Validation rule enforcing the Ability to pay validation level.**
- C. Authority Limit for any payment with a policy type of Pay-as-you-drive.
- D. Transaction Validation rule requiring approval for payments with unprocessed log files.

Answer: B

Explanation:

In Guidewire ClaimCenter, the Ability to Pay validation level is the specific "gatekeeper" designed to verify that a claim is mature enough and has sufficient data to allow financial transactions to be issued.

* Validation Levels: ClaimCenter uses validation levels (e.g., Load, New Loss, Ability to Pay) to enforce data integrity at different stages of the claim lifecycle.

* Blocking Payments: When a user attempts to create a check, the system triggers the rules associated with the Ability to Pay level. If any rule at this level fails (returns an error), the system prevents the payment wizard from completing.

* Scenario Application: The Business Analyst can define a rule at the "Ability to Pay" level that checks the condition: "If Policy Type is Pay-as-you-drive AND Log Processed Flag is NOT 'Yes', then throw an error." This fulfills the requirement to strictly block payments ("No payments can be made") rather than just route them for approval.

Why other options are incorrect:

- * Authority Limits (B) control the amount of money a user can approve, not the prerequisites (like data flags) for making a payment.
- * Transaction Validation requiring approval (C) would route the payment to a supervisor, but it implies the payment could be made if

approved. The requirement states "No payments can be made," implying a hard system stop, which validation rules provide.

* Send to External System (D) validates data just before it leaves the system (e.g., for check printing), which is often too late in the workflow for business-logic stops like reviewing a log file.

NEW QUESTION # 37

An auto claim is owned by Adjuster1. The Customer Service Representative (CSR) that created the claim owns one follow-up activity on the claim. An Injury Specialist owns an injury exposure on the claim. All these persons are members of Auto Team 1. The Team Lead determines that Adjuster1 is overworked and reassigns the claim to Adjuster2, a member of Auto Team 2. Which three people now have access to the claim? (Choose three.)

- A. Special Investigations Unit
- B. Injury Specialist
- C. CSR
- D. Adjuster1
- E. The Claimant
- F. Adjuster2

Answer: B,C,F

Explanation:

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

In Guidewire ClaimCenter, access to a claim file is determined by Access Control Lists (ACLs), which are dynamically updated based on user roles and ownership. A user is granted access to a claim if they own the claim itself, or if they own a sub-object within that claim, such as an Activity or an Exposure.

* Adjuster2 (Option E): Upon reassignment, Adjuster2 becomes the new Claim Owner. The owner of the claim record always has full view and edit access to the claim.

* CSR (Option C): The CSR retains ownership of a specific Activity (the follow-up task). In the ClaimCenter security model, owning an open activity on a claim grants the user "view" access to the parent claim so they can perform the necessary work to complete their task. Reassigning the claim header does not automatically reassign the activities owned by other users.

* Injury Specialist (Option D): This user owns an Exposure (a distinct financial sub-record for a specific coverage feature). Similar to activities, owning an exposure grants access to the parent claim. The reassignment of the main claim file from Adjuster1 to Adjuster2 does not strip the Injury Specialist of their ownership of the specific injury exposure.

Why Adjuster1 loses access: Adjuster1 was the previous owner. Once ownership is transferred to Adjuster2 (who is in a different group, "Auto Team 2"), Adjuster1 no longer meets the criteria for ownership access.

Unless Adjuster1 is explicitly added to the ACL manually or has "Super User" privileges (not stated), they lose the automatic access rights associated with being the owner.

NEW QUESTION # 38

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