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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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I think these smart tips will help you to study well for the exam and get a brilliant score without any confusion. To get the ClaimCenter Business Analyst - Mammoth Proctored Exam ClaimCenter-Business-Analysts practice test, find a reliable source that provides the ClaimCenter-Business-Analysts Exam Dumps to their clients. ClaimCenter Business Analyst - Mammoth Proctored Exam ClaimCenter-Business-Analysts certification exams are not easy but quite tricky to know whether the applicant has complete knowledge regarding the subject or not.

Once you have practiced on our ClaimCenter Business Analyst - Mammoth Proctored Exam test questions, the system will automatically memorize and analyze all your practice. You must finish the model test in limited time. There have a timer on the right of the interface. Once you begin to do the exercises of the ClaimCenter-Business-Analysts test guide, the timer will start to work and count down. If you don't finish doing the exercises, all your exercises of the ClaimCenter-Business-Analysts Exam Questions will be delivered automatically. Then the system will generate a report according to your performance. You will clearly know where you are good at or not. Then you can make your own learning plans based on the report of the ClaimCenter-Business-Analysts test guide. Also, you will do more practices that you are not good at until you completely have no problem.

>> **ClaimCenter-Business-Analysts Braindumps** <<

Latest Guidewire ClaimCenter-Business-Analysts Exam Questions | ClaimCenter-Business-Analysts Reliable Test Tips

Passing the ClaimCenter-Business-Analysts exam with least time while achieving aims effortlessly is like a huge dream for some exam candidates. Actually, it is possible with our proper ClaimCenter-Business-Analysts learning materials. To discern what ways are favorable for you to practice and what is essential for exam syllabus, our experts made great contributions to them. All ClaimCenter-Business-Analysts Practice Engine is highly interrelated with the exam. You will figure out this is great opportunity for you.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q21-Q26):

NEW QUESTION # 21

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

Answer: A,E

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 a Vehicle 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 a Fixed 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 # 22

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. Sidebar
- B. Screen Area
- C. Tab Bar
- D. Info Bar
- E. Workspace

Answer: B,D

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 # 23

An auto accident in Chicago, Illinois has been reported to Succeed Insurance. The customer service representative uses the ClaimCenter standard Claim Wizard to set up the new claim. The policy is verified in effect and based on the reported exposures the total loss points calculated is 38. There is also a note to have an expert inspection via approved vendor.

What is the most likely claim setup with regards to this reported auto accident?

- A. The new claim will be segmented as high complexity auto claim, assigned to Midwest Complex Auto Adjusters Group, with activity for vehicle inspection.
- B. The new claim will be segmented as mid-complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
- C. The new claim will be segmented as low complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
- D. The new claim will be segmented as high complexity auto claim, assigned to a Supervisor for further determination on next steps due to complexity.

Answer: A

Explanation:

ClaimCenter uses a logic-based process called Segmentation to categorize claims and Assignment to route them.

* Complexity (Points): The "Total Loss Points" score of 38 is significantly high. In standard configuration, high scores (typically indicating severe damage or total loss potential) trigger a High Complexity segmentation.

* Assignment (Geography): The accident occurred in Chicago (Midwest). The assignment rules will match the geography (Midwest) with the complexity (High/Complex). Therefore, it routes to the Midwest Complex Auto Adjusters Group.

* Workplan (Activity): The specific note regarding an "expert inspection" translates into a generated Activity (likely "Assign Vehicle Inspection" or similar) added to the claim's workplan.

Why other options are incorrect:

* A & D (Low/Mid Complexity): A score of 38 is too high for "Low Complexity" (which is usually for simple fender benders). Assigning a complex claim to a "Low Complexity" group would violate standard routing logic.

* C (Supervisor): Modern ClaimCenter configurations prefer Straight-Through Processing (STP) to a working group. Routing to a Supervisor is generally a fallback for exceptions, whereas this is a standard high-severity scenario that should go directly to the specialized adjusters.

NEW QUESTION # 24

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 in order 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.

The New Claim Wizard must capture whether or not the vehicle has a monitoring device installed when a personal auto claim is created against a pay-as-you-drive policy.

Which feature of the base product enforces this claim creation requirement?

- A. Create a Validation rule enforcing the Load and save validation level.
- B. Create a Validation rule enforcing the Ability to pay validation level.
- **C. Create a Validation rule enforcing the New loss completion validation level.**
- D. Create a Validation rule enforcing a new custom Validation level for mechanical requirements.

Answer: C

Explanation:

In Guidewire ClaimCenter, Validation Rules are used to enforce data integrity and business requirements at specific stages of the claim lifecycle. These stages are defined by Validation Levels.

* New Loss Completion (Option B): This validation level is specifically designed as the "gatekeeper" for the New Claim Wizard (FNOL). Rules triggered at this level run when the user attempts to click

"Finish" to submit the new claim. If a rule fails (e.g., "If Policy Type = Pay-as-you-drive AND Monitoring Device is Null"), the system prevents the claim from being created and highlights the missing field. This directly meets the requirement to enforce data capture "when a personal auto claim is created." Why other options are incorrect:

* Ability to Pay (A): This level runs when a user tries to issue a check. Using this would allow the claim to be created without the device info, only blocking the user later when they try to pay, which is too late for the requirement.

* Custom Level (C): Creating custom levels is possible but discouraged when a standard level fits the purpose, aligning with the "use base product functionality" principle.

* Load and Save (D): This level runs every time the claim is saved (even as a draft). Enforcing mandatory fields here can frustrate users who need to save their work partially complete.

NEW QUESTION # 25

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. Special Services
- C. Settle/Close
- **D. Intake**

Answer: D

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): The Intake theme covers the First Notice of Loss (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 the Intake theme.

* 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 occur after 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 # 26

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