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Taking ClaimCenter-Business-Analysts practice exams is also important because it helps you overcome your mistakes before the final attempt. When we talk about the ClaimCenter Business Analyst - Mammoth Proctored Exam (ClaimCenter-Business-Analysts) certification exam, the Guidewire ClaimCenter-Business-Analysts practice test holds more scoring power because it is all about how you can improve your ClaimCenter-Business-Analysts Exam Preparation. Real4test offers desktop practice exam software and web-based ClaimCenter-Business-Analysts practice tests. These ClaimCenter-Business-Analysts practice exams help you know and remove mistakes.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q46-Q51):

NEW QUESTION # 46

What two pieces of information enable the Business Analyst (BA) to trace back to the root cause of an issue? (Choose two.)

- A. The change history on the Document Control tab of the Adjudicate - Create and Maintain Exposures for Vehicle User Story Card
- B. The Approver Notes on the Acceptance tab of the Adjudicate - Create and Maintain Exposures for Vehicle User Story Card
- C. The unique Story Card number associated with the acceptance criteria
- D. The caution points indicated on the User Story Workflow
- E. The unique requirement numbers related to User Story

Answer: C,E

Explanation:

In Guidewire implementation methodology (Agile/SurePath), Traceability is maintained through specific unique identifiers that link the code and test cases back to the business definition.

* Unique Requirement Numbers (Option E): Every granular business requirement is assigned a unique ID (e.g., CC-FNOL-001). If a defect or issue arises during testing or production, the BA uses this number to find the exact text of the requirement that was implemented. This helps determine if the issue is a "bug" (code doesn't match requirement) or a "gap" (requirement was missing or wrong).

* Unique Story Card Number (Option A): User Stories act as containers for requirements. The Story Card Number (e.g., Story-105) links the individual requirements to the broader feature context. Tracing back to the Story Card allows the BA to review the original scope, the UI mockups, and the Acceptance Criteria associated with that feature to understand the "Root Cause" of the misunderstanding or failure.

Why other options are incorrect:

* Option B (Caution points): These are process diagrams notes, useful for training but not for system traceability.

* Option C (Change History): While useful for seeing who edited a document, it does not provide the structural link between a system error and the business definition like the IDs do.

* Option D (Approver Notes): These confirm sign-off but rarely contain the functional detail needed to diagnose a root cause.

NEW QUESTION # 47

Which two best practices should a Business Analyst (BA) follow to be prepared for a Requirements Workshop? (Choose two.)

- A. Invite end users with knowledge of related process.
- **B. Review base product functionality of ClaimCenter for related process.**
- C. Ask the Project Manager to set an agenda.
- D. Review acceptance criteria.
- **E. Review notes from Inception Workshop.**

Answer: B,E

Explanation:

Preparation is key to a successful Requirements Workshop (or Elaboration Workshop). The BA must enter the room with a clear understanding of the project scope and the tool's capabilities.

* Review Notes from Inception (B): The Inception Phase defines the high-level scope, vision, and business objectives. Reviewing these notes ensures the BA understands the boundaries of the discussion (e.g., "We are doing Auto Hail damage, but not Property Hail damage yet") and the strategic goals defined by the sponsors.

* Review Base Product Functionality (C): To effectively lead the session and recommend solutions (as seen in Question 22), the BA must be familiar with how ClaimCenter handles the specific topic (e.g., Check Wizards, Coverage Verification) out-of-the-box. This allows the BA to demo standard features during the workshop to drive "Fit-to-Standard" discussions rather than starting from a blank sheet of paper.

* Why not A, D, or E? Inviting users (A) and setting agendas (E) are logistical tasks often handled by the Project Manager or shared; they are not "personal preparation" of knowledge. Acceptance Criteria (D) are typically written during or after the workshop, not reviewed beforehand (unless refining an existing story).

NEW QUESTION # 48

Succeed Insurance requires that a new 'Driver under 18?' field be added to the vehicle incident screen for personal auto claims to indicate whether or not the driver of the vehicle was a minor when the loss occurred.

The field will be set by calculating the driver's age using the date of loss and the driver's date of birth.

There are two validation requirements:

* The field must be set if the 'Date of Birth' field for the driver is not null.

* No payments can be made for collision exposures if the 'Date of Birth' field for the driver of the vehicle is null.

A Business Analyst (BA) documents the validation requirements in the validation tab of the User Story Card 'Adjudicate - Update Maintain Vehicle Incident for Personal Auto Claims' as shown in the exhibit.

What information in the two validation examples is either missing or incorrectly documented? (Choose two.)

- **A. The second requirement is missing the name of the DV or LV file where the warning or error message will display when the validation fails.**

- B. The first requirement does not need a value in the LOB column since the rule condition provides a test for the policy type.
- C. The second requirement is missing a requirement number, and the rule condition should check for a policy type of personal auto.
- D. The first requirement is missing the name of the DV or LV file for the new field, and an error or warning message should be provided.
- E. The first requirement includes information on how to set the new 'Driver under 18?' field in the Rules column, which is not needed.

Answer: A,C

Explanation:

The User Story Card exhibit contains several documentation errors when compared to standard Guidewire requirements gathering best practices and the specific scenario provided.

* Missing Requirement Number and Logic Gap (Option C):

* Traceability: In the second row of the exhibit (the payment validation rule), the "Requirement Number" column is completely blank. Traceability back to the original requirements document is mandatory for all entries.

* Logic Precision: The requirement explicitly states that the rule applies to "personal auto claims"

. However, the logic documented in the "Rules" column (If Exposure Type = VehicleDamage Then Block...) does not check the Policy Type. It relies solely on the Exposure Type, which could exist on Commercial Auto policies as well. To accurately reflect the business requirement, the condition If PolicyType = Personal Auto must be added (similar to how it was done in the first row).

* Missing DV/LV Context for Validation (Option D):

* UI Anchoring: The second requirement is a validation rule that triggers an error ("Driver's Date of Birth is required..."). For the system to highlight the specific field on the screen (the "Driver Date of Birth" widget) when the error occurs, the rule must be associated with the specific Detail View (DV) or List View (LV) where that field resides (e.g., VehicleIncidentDV). The exhibit lists "Not Applicable" in the "Name of DV or LV" column. This is incorrect because providing the DV name ensures the error message is displayed contextually next to the field rather than as a generic page-level error, improving the user experience.

Why other options are incorrect:

* Option A: The LOB column is used for filtering, reporting, and release management. Even if the rule logic checks the policy type, the LOB column is required metadata and should not be removed.

* Option B: While the first requirement (the calculation) lacks a DV name (which it should have), it is a Business Rule (assignment), not a validation. Therefore, it does not generate an error or warning message for the user, so the second part of Option B is incorrect.

* Option E: The "Rules" column is exactly where the calculation logic (Date of Loss - Date of Birth) belongs. The developer needs this information to implement the automation.

NEW QUESTION # 49

A sales executive and business traveler has a full coverage auto policy through his insurance company. The executive lives in Detroit, Michigan and often drives across the border to visit client offices in Canada.

While driving in downtown Toronto, the executive's car was hit by a truck coming the wrong way. He called his insurance company to report a claim for this accident. However, the Customer Service Representative (CSR) cannot confirm there is an active policy on file.

How should this claim be handled?

- A. If the policy is not verifiable, the CSR will create the claim as an unverified policy claim and retrieve the correct policy when more information available.
- B. If the policy is not verifiable, the CSR will ask the executive to call back when he has the policy information to complete the report and create the claim.
- C. If the policy is not verifiable, the CSR cannot create the claim as a verified, active policy is a minimum requirement to create a claim.
- D. If the policy is not verifiable, the CSR will notify a Supervisor to escalate the case for investigation and submit notes in ClaimCenter for reference.

Answer: A

Explanation:

Guidewire ClaimCenter is designed to handle First Notice of Loss (FNOL) scenarios where the policy system is unavailable or the specific policy cannot be immediately located. The correct standard procedure is to create an Unverified Policy claim.

* Unverified Policy Workflow: The New Claim Wizard allows the user to select "Unverified Policy" if a search returns no results.

This allows the CSR to proceed with capturing critical accident details (Loss Details, Vehicles, Injuries) and providing service to the customer immediately.

* Reconciliation: Later, once the correct policy number is found or the policy system comes back online, the claim can be updated.

The "Unverified Policy" feature specifically supports the "Select Policy" step of the wizard to ensure claims are not blocked by administrative data issues.

* Customer Experience: Option A (asking the customer to call back) is poor service and contrary to ClaimCenter's design philosophy. Option D is incorrect because a verified policy is not a hard blocking requirement for creating a draft claim in this specific workflow.

NEW QUESTION # 50

An Adjuster at Succeed Insurance increases the reserve on a claim's exposure from \$1,000 to \$1,500 to account for inflation in repair costs. A week later, a Supervisor reviews the claim and wants to know specifically who made this change, the exact date and time it was made, and what the previous value was.

The Supervisor needs a chronological audit trail of changes to the claim file without navigating through complex financial ledgers. Which screen in the ClaimCenter user interface should the Supervisor access to find this information?

- A. Financials > Transactions
- B. Loss Details > Status
- C. Notes
- **D. History**

Answer: D

NEW QUESTION # 51

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