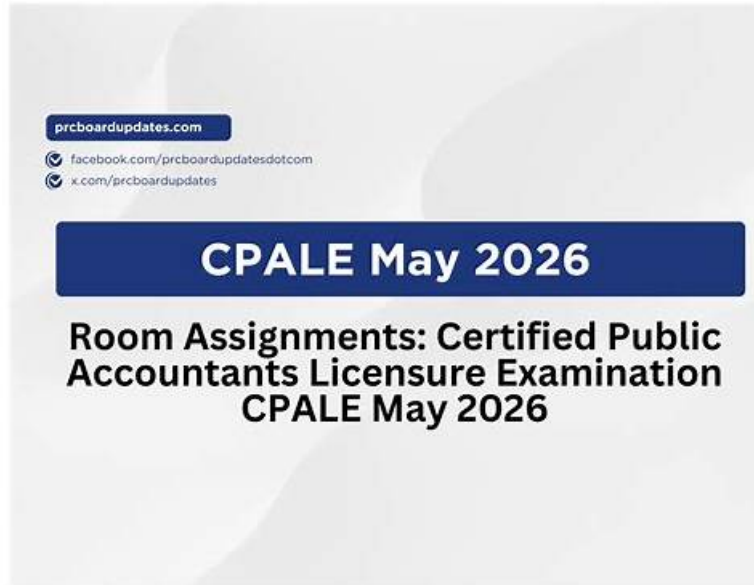


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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

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"> • 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 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.
Topic 4	<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 5	<ul style="list-style-type: none"> • Behavior Driven Development at Guidewire: This section introduces BDD methodology and its application in Guidewire implementations, focusing on collaborative development approaches and writing clear, testable requirements using BDD principles.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q13-Q18):

NEW QUESTION # 13

A catastrophe has been created in ClaimCenter for Tropic Storm Dorian. Succeed Insurance requires that all claims resulting from the storm be attributed to that catastrophe when they are entered in ClaimCenter. The completion target is within three (3) days of claim creation and should be escalated if it is not completed within five (5) days.

Which required element for a business activity rule is missing?

- A. Actions
- B. RuleCondition
- C. TriggerEntity
- D. AppliesTo

Answer: A

Explanation:

A complete Business Rule (specifically one designed to generate an Activity) consists of a Context (Trigger /Entity), a Condition (Logic), and an Action (Execution).

* Missing Element: Actions (Option A):The scenario describes thetrigger("when they are entered"), the intent/condition("resulting from the storm"), and theparametersof the resulting activity (Target: 3 days, Escalation: 5 days). However, it fails to specify theActiondetails required to execute the rule:

specifically,whothe activity should be assigned to (The Assignee) and the specific instruction tocreate the activity instance. Without defining the Action (e.g., "Create Activity 'Review Catastrophe' and Assign to Claim Owner"), the rule cannot function.

* Why other options are present:

* TriggerEntity (B):Implied as the Claim (since the text says "whenthey[claims] are entered").

* RuleCondition (C):While "resulting from the storm" is vague, it represents the business condition. TheAction(assignment) is the most glaring omission preventing the workflow from reaching a user.

* AppliesTo (D):This generally refers to the root entity (Claim), which is identified.

NEW QUESTION # 14

An Adjuster at Succeed Insurance is handling a personal auto claim for an insured who hit a tree after swerving to avoid a child who ran into the road.

The Adjuster has this Authority Limit Profile:

□ The Adjuster creates a collision exposure and sets the initial reserves so that payments can be made to the insured for repairs to the damaged vehicle. No payments have been created yet.

The current financials for the claim are as follows:

Which two financial transactions will not require approval given that each option is the only transaction change rather than a cumulative change? (Choose two.)

- A. A partial payment of \$2,000 is made against the Claim Cost - Auto body reserve line.
- B. A partial payment of \$1,100 is made against the Expense - A&O - Vehicle inspection reserve line.
- C. The Claim Cost - Auto body reserve line is increased to \$6,000.
- D. The Expense - A&O - Vehicle inspection reserve line is increased to \$550.

Answer: A,D

Explanation:

To determine if a transaction requires approval, we must compare the proposed transaction against the Adjuster's Authority Limits and the current financial state of the claim.

* Current State: Total Reserves = \$3,000 (\$2,500 Indemnity + \$500 Expense). Total Paid = \$0.

* Adjuster Limits:

* Claim Total Reserves Limit: \$5,000

* Payments Exceed Reserves Limit: \$500

Evaluation of Options:

* Option B (No Approval Required): Making a \$2,000 payment against the "Claim Cost - Auto body" reserve.

* The available reserve is \$2,500. Since $\$2,000 < \$2,500$, the payment does not exceed the reserve.

* The total payments on the claim would be \$2,000, which is well below the "Claim payments to date" limit of \$5,000.

* Option D (No Approval Required): Increasing the Expense reserve to \$550.

* This increases the total claim reserves from \$3,000 to \$3,050 ($\$2,500 + \550).

* Since \$3,050 is below the Adjuster's "Claim total reserves" limit of \$5,000, no approval is triggered.

Why other options require approval:

* Option A: A payment of \$1,100 against a \$500 reserve means the payment exceeds the reserve by \$600.

The Adjuster's limit for "Payments exceed reserves" is only \$500. Since $\$600 > \500 , approval is required.

* Option C: Increasing the Auto body reserve to \$6,000 would raise the total claim reserves to \$6,500 ($\$6,000 + \500). This exceeds the Adjuster's "Claim total reserves" limit of \$5,000, triggering an approval.

NEW QUESTION # 15

A claim for an auto accident in California has been assigned to an insurance Adjuster in the Midwest region for investigation and processing. The claim has been flagged as "Low Complexity" in ClaimCenter. The Adjuster has an authority limit for total reserves of \$30,000 and has created reserves totaling \$35,000.

What is the correct approval routing for this transaction?

- A. The transaction will require approval from the Supervisor of the group.
- B. This transaction will require approval because the Adjuster does not work in the same region where the claim was reported.
- C. This transaction will not require approval because the claim is identified as low complexity.
- D. The transaction will require approval from another team member who has the authority limit to approve.

Answer: A

Explanation:

Based on the Guidewire ClaimCenter Financials and Authority Limits documentation, the correct behavior for this scenario is determined by the strict enforcement of Authority Limits, regardless of claim complexity or geographic region.

In ClaimCenter, every user is assigned specific authority limits for various financial transactions, including reserves, payments, and recovery reserves. These limits are absolute constraints designed to control financial exposure. In the scenario provided, the Adjuster attempted to set a reserve of \$35,000, which exceeds their authorized limit of \$30,000.

When a user submits a financial transaction that exceeds their pre-configured authority limit, ClaimCenter automatically triggers an Approval Workflow. The system validates the transaction amount against the user's limit at the time of submission. Since the limit is breached, the transaction is not committed immediately to the database as "Submitted"; instead, it enters a "Pending Approval" status.

Routing Logic:

The standard, out-of-the-box approval routing logic in ClaimCenter follows the Group Hierarchy.

* The system identifies the group to which the Adjuster belongs.

* It creates an Approval Activity.

* This activity is assigned to the Supervisor of that group.

The Supervisor must then review the transaction. If the Supervisor has sufficient authority (greater than

\$35,000), they can approve it. If the Supervisor also lacks sufficient authority, they must still "approve" it to escalate the request further up the hierarchy to the manager, until it reaches a user with sufficient limits.

Why other options are incorrect:

* A (Complexity): Claim complexity flags (e.g., "Low Complexity") are often used for Assignment rules (Segment-based assignment) or straight-through processing of documents, but they do not override Financial Authority controls. A low-complexity claim still requires financial oversight if the dollar amount is high.

* B (Peer Approval): Approval routing is hierarchical, not peer-to-peer. It does not look for "any" team member; it looks specifically for the defined Supervisor.

* C (Region): The region mismatch might trigger an assignment rule or a validation warning depending on configuration, but the specific trigger for the approval here is purely the financial discrepancy (\$35k > \$30k), not the geography.

NEW QUESTION # 16

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

Answer: A

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 # 17

Succeed Insurance had an embarrassing event last month that had potential legal ramifications. One of their Customer Service Representatives (CSR) shared details of a celebrity's personal auto claim on social media.

Fortunately for Succeed, the celebrity decided not to pursue legal actions as long as Succeed agreed to resolve the potential for future occurrences within the next 30 days.

Succeed executives immediately reacted to the situation by establishing new guidelines regarding claim security. The Business Analyst (BA) assigned to the project researched ClaimCenter base product capabilities and held several requirements gathering sessions designed to document their strategy. The new requirements indicate that only authorized users should be looking at celebrity claims.

Which two features should be used to meet the new requirements? (Choose two.)

- A. Create a rule that tracks who has viewed secure claims
- **B. Specify the claim security types**
- C. Hide secure claim information fields
- D. Assign authority profiles to authorized users
- **E. Create an access profile for each claim security level**

Answer: B,E

Explanation:

To restrict access to sensitive claims (such as those involving celebrities) so that "only authorized users" can view them, a Business Analyst must utilize the Claim Security features in Guidewire.

* Specify Claim Security Types (Option A): The first step is to define the classification of the claim.

The system uses the ClaimSecurityType typelist. The BA would add a new typekey (e.g., "Celebrity" or "High Profile") or use an existing one (e.g., "Sensitive") to flag these specific claims.

* Create/Assign Access Profiles (Option E): Access control in Guidewire is managed through Access Profiles (sometimes referred to within Role configurations). An Access Profile maps specific Security Levels (like the "Celebrity" type defined above) to permissions. To meet the requirement, the BA defines an Access Profile that grants "View" permission for the "Celebrity" security type and assigns this profile only to the authorized users (or roles). Users without this specific Access Profile will be unable to search for or view the claim.

Why other options are incorrect:

* Authority Profiles (B): In Guidewire terminology, "Authority" refers strictly to Financial Authority (limits on reserves and payments), not data access visibility.

* Hide secure fields (C): This refers to Field Level Security (masking specific data like a Tax ID). The requirement is to restrict access to the entire claim, not just specific fields.

* Tracking rules (D): While "Claim Access Auditing" (tracking history) is often enabled for sensitive claims, it is a detective control, not a preventive one. The requirement specifies that unauthorized users should not be looking at the claim at all, which requires the Access Profiles (preventive control).

NEW QUESTION # 18

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