

# ClaimCenter-Business-Analysts 유효한 최신덤프공부 & ClaimCenter-Business-Analysts 인증덤프공부자료

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참고: PassTIP에서 Google Drive로 공유하는 무료, 최신 ClaimCenter-Business-Analysts 시험 문제집이 있습니다:  
<https://drive.google.com/open?id=1aDnJcduntjw59PtBnilzkbh1x-aDBa5>

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## Guidewire ClaimCenter-Business-Analysts 시험요강:

주제	소개
주제 1	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

주제 2	<ul style="list-style-type: none"> <li>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.</li> </ul>
주제 3	<ul style="list-style-type: none"> <li>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.</li> </ul>
주제 4	<ul style="list-style-type: none"> <li>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.</li> </ul>
주제 5	<ul style="list-style-type: none"> <li>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.</li> </ul>

>> ClaimCenter-Business-Analysts 유효한 최신덤프 공부 <<

## ClaimCenter-Business-Analysts 시험문제 덤프 Guidewire 자격증

PassTIP에서는 전문 Guidewire ClaimCenter-Business-Analysts 인증 시험을 겨냥한 덤프 즉 문제와 답을 제공합니다. 여러분이 처음 Guidewire ClaimCenter-Business-Analysts 인증 시험 준비라면 아주 좋은 덤프입니다. PassTIP에서 제공되는 덤프는 모두 실제 시험과 아주 유사한 덤프들입니다. Guidewire ClaimCenter-Business-Analysts 인증 시험 패스는 보장합니다. 만약 떨어지셨다면 우리는 덤프 비용 전액을 환불해드립니다.

### 최신 Guidewire Certified Professional ClaimCenter-Business-Analysts 무료 샘플문제 (Q32-Q37):

#### 질문 # 32

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

**정답: A,C**

#### 설명:

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 >= 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.

### 질문 # 33

During claim intake and adjudication, Adjusters capture contact information for the insured and all claimants.

To improve customer service and reduce the time required to reach these contacts to gather additional claim information, Succeed Insurance will capture the preferred contact method for all person contacts. The new field will be added to the contact details screen of the user interface (UI) as a drop-down list displaying all valid contact methods including email, mail, and phone.

Which version correctly lists the preferred contact methods in the Typelists tab of the Parties Involved User Story Card?

- A. Option C
- **B. Option B**
- C. Option D
- D. Option A

**정답: B**

**설명:**

To correctly document a Typelist in a User Story Card, the Business Analyst must understand both the data structure (Codes vs. Names) and the configuration state (New vs. Modified).

\* Code Validity: In Guidewire, a Typecode (the value stored in the database) must be a unique identifier for each option in the list.

\* Option B correctly lists distinct codes: email, mail, and phone.

\* Options A and C are incorrect because they list the Typelist Name (PreferredContactMethod) as the Code for every single row.

You cannot have multiple entries with the same primary key (Code) in one list.

\* Configuration State (New vs. Modified): The PreferredContactMethod typelist is a standard Base Product feature in Guidewire ClaimCenter. It already exists out-of-the-box.

\* Option B correctly identifies the Status as "Modified". When you add values to or configure an existing base typelist, you document it as "Modified".

\* Option D is incorrect because it lists the Status as "New". This would imply creating a brand new custom typelist (e.g., MyCustomList\_Ext), which is not necessary for standard contact methods.

Therefore, Option B is the only version that has valid, unique codes and the correct configuration status.

### 질문 # 34

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 notify a Supervisor to escalate the case for investigation and submits notes in ClaimCenter for reference.
- **B. 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.**
- C. 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.
- D. 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.

**정답: B**

**설명:**

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.

### 질문 # 35

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

- A. 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.
- B. 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.
- C. A live system demonstration is acceptable in place of using a user interface (UI) mock-up to describe needed changes to the user interface.
- D. 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.

정답: A,D

#### 설명:

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.

### 질문 # 36

A performing arts organization operates nationwide and is responsible for setting up stages for musical acts and concerts. The organization requires specific insurance coverage for its gear and equipment, including audio systems, lighting, cameras, and control boards. Succeed Insurance wants to optimize claim intake, processing, and reporting for this organization.

Which modifications should be made to ClaimCenter's base product line of business (LOB)?

- A. Add new Loss Typecode(s) and Policy Typecode(s) to the LOB model to handle the organization's coverage needs.
- B. Add relevant Coverage Typecode(s), Coverage Subtypecode(s), and map Exposure Typecode(s) to support the new coverage.
- C. Add new Coverage Subtypecode(s) with detailed information for each Exposure Typecode to the existing LOB model.
- D. The existing ClaimCenter standard LOB model can meet the company's objectives without modifications.

정답: B

#### 설명:

According to the Guidewire ClaimCenter Business Analyst documentation, ClaimCenter's line of business (LOB) framework is intentionally designed to support extensibility through configuration rather than structural changes to core policy or loss classification elements. When an insurer needs to support specialized insured property—such as professional audio, lighting, and staging equipment—the recommended approach is to enhance the coverage configuration.

ClaimCenter models policy coverage using a hierarchy of Coverage Type and Coverage Subtype lists.

Coverage Type codes represent high-level coverage categories defined by the policy, while Coverage Subtype codes allow insurers to further refine and classify coverage details. These coverage elements are then associated with Exposure Typecodes, which drive claim processing behavior such as exposure creation, reserving, payment handling, and reporting.

By adding appropriate CoverageType and Coverage Subtype codes for equipment and gear coverage and mapping them to ExposureType codes, ClaimCenter can automatically create accurate exposures during claim intake. This approach ensures adjusters can efficiently process claims while maintaining consistent workflows and financial controls. It also supports meaningful analytics and reporting without altering the base product structure.

The Guidewire documentation advises against introducing new LossType or PolicyType codes unless the insurer is defining an entirely new policy or loss classification. LossType codes describe how a loss occurred (for example, theft or accidental damage), not the nature of the insured property. PolicyType changes are similarly broad and unnecessary for extending coverage within an existing LOB.

Therefore, option Baligns with Guidewire best practices by extending ClaimCenter's coverage and exposure configuration to meet the organization's needs while preserving the integrity of the standard LOB model.

## 질문 # 37

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PassTIP의 Guidewire ClaimCenter-Business-Analysts덤프를 구매하기전 우선 pdf버전 덤프샘플을 다운받아 덤프문제를 공부해보시면 PassTIP덤프품질에 신뢰가 느껴질것입니다. PassTIP의 Guidewire ClaimCenter-Business-Analysts덤프가 고객님의 시험패스에 조금이나마 도움이 되신다면 행복으로 느끼겠습니다.

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