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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q15-Q20):

NEW QUESTION # 15
What is the importance of a mock-up of the user interface (UI) design?

- A. A mock-up tells the customer what the current ClaimCenter user experience is.
- B. A mock-up illustrates for the viewer the integration of ClaimCenter with outside sources.
- C. A mock-up illustrates for the customer what the final ClaimCenter user experience is.
- D. A mock-up shows the viewer what the intended ClaimCenter user experience is.

Answer: D

Explanation:
In the context of a Guidewire implementation project, a User Interface (UI) Mock-up is a visual tool used during the requirements gathering and design phases. Its primary purpose is to illustrate the intended user experience before development begins.
* Visualization of Requirements:Mock-ups bridge the gap between abstract written requirements (User Stories) and the concrete software product. They show stakeholders how the screens will look and function to meet their needs.
* Intended vs. Final:Option A is correct because the mock-up represents theproposedorintendeddesign.
Option D ("Final") is subtly incorrect because the "final" experience is the actual, functioning software, which may evolve slightly from the mock-up during development due to technical constraints or feedback.
* Current vs. Integration:Option B refers to the existing system (Current state), which is typically shown via live demo, not a mock-up. Option C refers to backend integrations, which are typically documented via data mapping spreadsheets or architecture diagrams, not UI mock-ups.

NEW QUESTION # 16
An Adjuster at Succeed Insurance is handling a homeowners claim with a dwelling exposure for damage to the insured's home. The Adjuster's Authority Limit Profile has the following limits:
The table below is a view of the property claims organization within Succeed Insurance. The Adjuster is a member of the group Property - Team A.
The Adjuster creates a payment in the amount of $6,500 for repairs to the insured's home. How will it be processed assuming that the claim has sufficient reserves for the payment?

- A. The payment requires approval. An approval activity will be generated and routed to Supervisor D.
- B. The payment requires approval. An approval activity will be generated and routed to Supervisor C.
- C. The payment requires approval. An approval activity will be generated and routed to Supervisor A.
- D. The payment requires no approval. It will be processed and issued to the insured.

Answer: A

Explanation:
This scenario involves checking financial Authority Limits and determining the correct Approval Routing hierarchy in Guidewire ClaimCenter.
* Check Authority Limits:First, compare the transaction amount against the user's specific limits.
* The payment is for "repairs to the insured's home," which is classified asClaim Cost(Indemnity).
* According to the provided Authority Limit Profile, the Adjuster has a "Payment amount" limit of $5,000for Claim Cost.
* The transaction amount is$6,500.
* Since$6,500 > $5,000, the limit is exceeded, meaning the paymentrequires approval(Ruling out Option B).
* Determine Routing:When a financial transaction requires approval, ClaimCenter routes the approval activity to the supervisor of the group to which the user belongs.
* The Adjuster is a member ofProperty - Team A.
* According to the Organization chart provided, the Supervisor for "Property - Team A" is Supervisor D.
* Therefore, the system will generate an approval activity and assign it specifically to Supervisor D). Supervisor C is the manager of theparentgroup (Western Property Group), so the activity would only go to them if Supervisor Dalsolacked the authority to approve

the $6,500, requiring further escalation. However, the initial routing is always to the immediate supervisor.
Why other options are incorrect:
* Option A:Supervisor C is the "Grand-boss" (Supervisor of the parent group), not the immediate supervisor.
* Option B:The amount ($6,500) clearly exceeds the defined limit ($5,000), so automatic processing is impossible.
* Option C:Supervisor A is at the top of the hierarchy (Succeed Insurance), far removed from the initial approval step.

NEW QUESTION # 17
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 a new custom Validation level for mechanical requirements.
- C. Create a Validation rule enforcing the Ability to pay validation level.
- D. Create a Validation rule enforcing the New loss completion validation level.

Answer: D

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 createdwithoutthe 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 # 18
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 $1,100 is made against the Expense - A&O - Vehicle inspection reserve line.
- B. The Claim Cost - Auto body reserve line is increased to $6,000.
- C. A partial payment of $2,000 is made against the Claim Cost - Auto body reserve line.
- D. The Expense - A&O - Vehicle inspection reserve line is increased to $550.

Answer: C,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 # 19
Succeed Insurance has a strategic initiative to change auto insurance into a pay-as-you-drive model... When claims are processed, claimants must provide the log from the application for the date of incident. The log's details are essential to validation and analysis of the monitoring system's activity at the time of the incident.
Without the application log, claims should not be processed to indemnification.
Executives say the implementation team must maintain the base product functionality where appropriate and only change those things essential to the success of the initiative...
Which two requirements are in scope based on the guiding principles? (Choose two.)

- A. As a business, integration to the top five vehicle manufactures must be completed to maximize accuracy of claim processing. Succeed intends to complete one integration every 30 days.
- B. As an Adjuster, the system should prevent indemnification of claimants if the application log has not been provided and reviewed to prevent payments without validation.
- C. As an Adjuster, vehicle mileage/kilometers must be captured during adjudication to track mileage /kilometers, and potentially prevent fraudulent activities.
- D. As an Adjuster, the insured application log must be received, reviewed, and attached to the claim to analyze and validate the monitoring systems activity at the time of the claim.

Answer: B,D

Explanation:
When defining scope based on specific strategic initiatives and guiding principles (such as "only change those things essential"), the Business Analyst must map requirements directly to the stated business rules and critical success factors.
* Requirement D (Log Intake):The scenario explicitly states:"The log's details are essential to validation and analysis... claimants must provide the log."Option D directly captures this by requiring the log to be received, reviewed, and attached. This is the core data intake requirement.
* Requirement C (Validation Rule):The scenario states:"Without the application log, claims should not be processed to indemnification."Option C directly maps to this business rule. It utilizes base product capabilities (Validation Rules) to enforce the "No Log, No Pay" constraint, ensuring the initiative's security and validity.
Why other options are incorrect:
* Option B (OEM Integration):The scenario mentions leveraging integration "where possible," but creates a requirement for "application logs," not direct integration with "top five vehicle manufacturers." Adding a rigid schedule ("one integration every 30 days") is a high-cost, high- complexity constraint that contradicts the principle of maintaining base functionality and minimizing cost/maintenance unless explicitly required.
* Option A (Mileage):While mileage is part of the concept, theessentialrequirement described for the claim process is thevalidation of the logfor the incident. Tracking mileage is secondary to the critical path of validating the accident data via the log.

NEW QUESTION # 20
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