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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"> 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.
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"> 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.

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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q31-Q36):

NEW QUESTION # 31

Succeed Insurance allows field Adjusters to write checks directly to the insured to cover damage costs for minor claims such as:

- * Personal auto claims involving cracked windshields
- * Homeowners claims involving minor glass breakage

The Adjuster uses the Manual Check Wizard to record the check number and amount against a reserve line.

Succeed requires Supervisor approval for all manual checks to ensure that the paper checks are verified against the payment information in ClaimCenter.

Which two limits or rules must be configured in ClaimCenter to ensure that these manual payments are sent to the correct person for approval? (Choose two.)

- A. Approval routing rules
- **B. Transaction approval rules**
- C. TransactionSet validation rules
- **D. Authority limits**

Answer: B,D

Explanation:

To enforce an approval workflow for a specific type of financial transaction (like "Manual Checks") regardless of the dollar amount, a Business Analyst must leverage both Authority Limits and Transaction Approval Rules.

* Authority Limits (D): These are the primary controls for financial exposure. While typically used for amounts (e.g., "Limit of \$5,000"), they are the foundational mechanism that triggers the system's

"Pending Approval" state. For this scenario, an authority limit could be set to \$0 for the specific payment method of "Manual Check" to force all such payments into the approval workflow.

* Transaction Approval Rules (C): These rules allow for more granular, logic-based approval triggers beyond simple amounts. Since the requirement specifies "all manual checks" (implying a condition based on the method of payment, not just the amount), a Transaction Approval Rule is the best practice configuration. The rule would be written to state: "If Payment Method is Manual, then Approval is Required."

* Why not A (Approval Routing)? While Approval Routing rules determine where the request (the "correct person"), the default behavior in ClaimCenter is to route approvals to the user's Supervisor.

Since the requirement is simply "Succeed requires Supervisor approval," the standard routing logic likely suffices without needing new custom configuration. The critical configuration needed is the trigger (C and D) to stop the payment in the first place.

NEW QUESTION # 32

To help manage new user setup, Succeed Insurance would like all manager-level employees to be able to add new users to ClaimCenter. Some managers are already assigned the Community Admin role, which has a set of permissions for the administration of the ClaimCenter community model that includes the permission to create new users.

Where are two places the Business Analyst (BA) can go to view the permissions assigned to manager-level users? (Choose two.)

- A. Go to c:\GW10\ClaimCenter\build\dictionary\data\index.html to view the Data Dictionary
- B. Go to the Administration menu > Users & Security > Users
- **C. Go to the Administration menu > Users & Security > Roles**
- D. Go to the Administration menu > Users & Security > Authority Limits
- **E. Go to c:\GW10\ClaimCenter\build\dictionary\security\index.html to view the Security Dictionary**

Answer: C,E

Explanation:

To view the detailed System Permissions (such as usercreate, claimview, etc.) associated with a specific user role (like "Manager" or "Community Admin"), a Business Analyst has two primary methods: one within the application UI and one via generated documentation.

* Administration Menu > Users & Security > Roles (Option E): This is the direct User Interface method. By navigating to the Roles page in the Administration tab, the BA can select a specific role (e.g., "Manager").

The detailed view of that role lists every system permission currently granted to it. This allows the BA to verify if the "usercreate" permission is present.

* Security Dictionary (Option B): For a comprehensive, searchable, and offline reference, the BA can access the Security Dictionary. This is a set of HTML files generated from the application's configuration (found in the build directory). It provides a complete matrix

of all Roles, the Permissions assigned to them, and the Access Profiles configured in the system.

Why other options are incorrect:

* Data Dictionary (A): This documents the Data Model (Entities and Typelists), not the security configuration.

* Users (C): While this screen lists users and their assigned roles, it does not display the definitions (the specific list of permissions) of those roles.

* Authority Limits (D): This screen manages Financial limits (dollar amounts for reserves/payments), not system access permissions.

NEW QUESTION # 33

Whenever the Total Loss Calculator determines that a vehicle is a total loss, Succeed Insurance wants to create a custom history event with the exposure name and total loss score.

Which step in the claim setup process flow must be completed before the history event can be created?

- A. Add a new step after the Total Loss Calculator to create the history event.
- B. Add a new step before the Total Loss Calculator to create the history event.
- C. Add a new step before the Vehicle Incident step to create the history event.
- D. Add a new step after the Vehicle Incident step to create the history event.

Answer: A

Explanation:

250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:

In Guidewire ClaimCenter workflow analysis and configuration, defining the correct sequence of operations is critically dependent on Data Availability and Data Dependency.

The specific requirement here dictates that the custom history event must capture the Total Loss Score. In the context of the ClaimCenter object model and process flow, the Total Loss Score is an output value generated specifically by the Total Loss Calculator engine. Before this calculator runs, the score attribute is effectively null or non-existent.

Therefore, to satisfy the business requirement, the step that writes the history event must be placed after the step that generates the data it needs to record.

* Process Logic: If the Business Analyst were to place the history event creation step before the Total Loss Calculator (Option B) or before the Vehicle Incident (Option D), the system would attempt to write a record containing a score that has not yet been calculated. This would result in either a system error or a history event with a blank/zero value, failing to meet the business requirement.

* Dependency Chain: The workflow dependency is: Vehicle Data Entry -> Total Loss Calculation -> Score Generation -> History Event Creation.

* Implementation Note: In a typical Guidewire implementation, this logic is often handled via "Event Fired" rules or specific "Exit Points" in the workflow. The system waits for the confirmation that the Total Loss calculation service has successfully returned a result. Once that transaction is committed and the score is persisted on the Vehicle or Exposure entity, the subsequent rule to generate the History Event can trigger successfully.

Consequently, Option C is the only viable placement in the process flow. It ensures that the prerequisite action (calculation) is complete and the required data payload (the score) is available for the subsequent action (logging the history event).

NEW QUESTION # 34

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 Ability to pay validation level.
- B. Create a Validation rule enforcing the New loss completion validation level.

- C. Create a Validation rule enforcing a new custom Validation level for mechanical requirements.
- D. Create a Validation rule enforcing the Load and save validation level.

Answer: B

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 # 35

Losses incurred because of an accident with other vehicles can be very large. Because of the risk of large losses, all claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not. The claim must show whether there were passengers in the vehicle at the time of the accident. Succeed wants the ability to include a very detailed description of the loss event information on intake of the claim.

When the claim is created, Succeed wants to flag the claim with a reminder for the Adjuster to contact the insured.

There should be reminders for the Adjuster to complete the following items for every new claim created:

- . Review any photographs of the accident
- . Contact and Interview each passenger
- . Collect statements from each witness
- . Record the vehicle's mileage

Which business requirement is based on assumptions?

- A. When the claim is created, we want to flag the claim with a reminder for the Adjuster to contact the insured.
- B. There should be reminders for the Adjuster to complete the following items for every new claim created: collect statements from each witness.
- C. All claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not.
- **D. There should be reminders for the Adjuster to complete the following items for every new claim created: review any photographs of the accident.**

Answer: D

Explanation:

In the context of business requirements analysis, an assumption is a statement that is accepted as true or certain to happen without proof.

* Why A is the correct answer: The requirement to generate a reminder to "review any photographs" for every new claim assumes that photographs will be available for every accident. In reality, photos are not always taken or provided at the First Notice of Loss (FNOL). Creating a mandatory task for an optional piece of evidence is based on the assumption of data availability.

* Why D is incorrect: "All claims must include a police report..." is a Business Rule or constraint. It is a mandatory condition imposed by the business ("must include") rather than an assumption about what is currently present.

* Why B is incorrect: Contacting the insured is a standard, universal step in the claims process that applies to every claim, so it is not considered an assumption.

NEW QUESTION # 36

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