

100% Pass Quiz Guidewire - ClaimCenter-Business-Analysts-High Hit-Rate Online Lab Simulation

Guidewire Questions and Answers 100% Pass

Subrogation Referral ✓✓ is triggered automatically through built in business rules when a third party is at fault or partially at fault

Benefits of leveraging the base configuration ✓✓- Leverage project resources and tools more effectively

- Decrease development time

- Decrease testing

- Decreases maintenance cost

- Decrease future upgrade efforts

- Lower their cost of ownership

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>> ClaimCenter-Business-Analysts Online Lab Simulation <<

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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q32-Q37):

NEW QUESTION # 32

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

Answer: C

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 # 33

When creating a new Personal Auto claim, Succeed Insurance would like to identify when Rideshare is the primary use for a vehicle. A Business Analyst (BA) thinks that Primary Use already exists as a typekey on the Vehicle Details screen.

What are two ways the BA can confirm whether this field is configured in ClaimCenter and, if it is, which values are available in the type list? (Choose two.)

- A. Log in to ClaimCenter > Create a new Personal Auto claim > Navigate to Vehicle Details > Use keyboard shortcut CTRL + F to find information about the fields on the screen.
- B. Access the Guidewire ClaimCenter Application Guide > Go to section on Personal Auto Object Model which lists available entities.
- **C. Access the Data Dictionary > Click the Data Entities link > Open the PrimaryUse entity from left-hand pane to view field details on the right pane.**
- **D. Open Guidewire Studio for ClaimCenter > Navigate to the Vehicle Details screen > Locate the Primary Use field to view its type list.**

Answer: C,D

Explanation:

To verify the configuration of a specific field and its available values (type list) within a specific implementation (like Succeed Insurance), a Business Analyst must consult the sources that reflect the current, actual system configuration, not just the out-of-the-box documentation.

* Option A (Data Dictionary): The Data Dictionary is the definitive, generated documentation of the running application's data model. It lists all Entities (such as Vehicle) and their Typekeys (such as PrimaryUse). By navigating to the Data Dictionary, a BA can confirm if the field exists in the database schema and view the specific Typekey values (e.g., "Rideshare", "Commuting", "Pleasure") associated with it. This is a primary tool for BAs to understand the data structure.

* Option D (Guidewire Studio): Guidewire Studio is the Integrated Development Environment (IDE) used to configure the application. It contains the "Source of Truth" for all configuration files. A BA (or a developer assisting them) can open the Page Configuration (PCF) files to see the Vehicle Details screen definition or open the Typekey files (.tti/.tx) directly to see exactly which values are defined and active.

Why other options are incorrect:

* Option B (Application Guide): The Application Guide documents the Base (Out-of-the-Box) product features. It does not contain customer-specific customizations or extensions. If "Primary Use" or "Rideshare" were added or modified by Succeed Insurance, the Application Guide would not reflect this.

* Option C (UI Inspection with CTRL+F): While logging into the application allows a user to see the dropdown on the screen, the shortcut CTRL + F is merely the browser's "Find" function. It searches visible text on the page but does not provide configuration metadata, hidden values, or definitive proof of the underlying data model structure. The correct shortcut for inspecting widget properties in Guidewire is Alt + Shift + I (Location Info), but even that is less efficient for viewing a full typekey than the Data Dictionary or Studio.

NEW QUESTION # 34

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

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 # 35

Succeed Insurance has plans to expand operations in Greeley, Colorado. Due to a history of hailstorm related damage in the area, the company plans to offer reimbursement for hail damage as an option.

Which two actions should the Business Analyst (BA) take to determine the requirements for the project? (Choose two.)

- A. Author user stories following the elaboration workshops and identify acceptance criteria.
- B. Identify changes to the line of business typelists and determine the correct data mapping.
- C. **Lead an elaboration workshop with the customer and follow up to identify next steps.**
- D. **Recommend existing base product features and functionality to expedite the implementation.**

Answer: C,D

Explanation:

In the Guidewire delivery methodology, the "Determine Requirements" phase (often part of Inception or Elaboration) focuses on understanding the business need and mapping it to the software capabilities.

* Lead an Elaboration Workshop (A): The Elaboration Workshop is the primary forum where BAs engage with stakeholders (like the Greeley operations team) to discuss the specific needs for the new

"hail damage" product. This is where the raw requirements are gathered, discussed, and refined.

* Recommend Base Product Features (B): A critical responsibility of the Guidewire BA is to maximize product value by reducing unnecessary customization. When determining requirements for

"reimbursement" and "hail damage," the BA should immediately demonstrate and recommend how ClaimCenter's out-of-the-box Coverage, Exposure, and Incident features can handle this scenario. This aligns the customer's expectations with the standard software capabilities, expediting the implementation.

* Why not C or D? Authoring user stories (C) and defining typelists (D) are outputs or tasks that occur after the requirements have been determined and the solution approach (Standard vs. Custom) has been agreed upon.

NEW QUESTION # 36

Succeed Insurance is expanding into California, Texas, and Arizona which have large Spanish-speaking customer bases. Currently language is not considered in assignment. Succeed wants the ability to assign claims to appropriate bilingual Adjusters. Succeed also needs the ability to identify the preferred language of the customers.

The company is planning to implement a slightly modified version of ClaimCenter to suit its organization's needs. The modification will include adding two new required fields to the existing user interface (UI) to capture the reporter's Preferred Language and Preferred Contact Time. This requirement is critical for Succeed to enhance the operational efficiency and expediency of claims processing in its region.

Which two guiding principles apply to this implementation? (Choose two.)

- A. **We are not building a system from scratch.**
- B. **We will challenge current processes.**
- C. We will include scope that accelerates time-to-market.
- D. We will not revisit decisions already documented.

Answer: A,B

Explanation:

In Guidewire implementation projects (often following the SurePath methodology), specific Guiding Principles are established to manage scope and ensure project success.

* "We are not building a system from scratch" (Option A): This is the foundational principle of package software implementation. The scenario explicitly states that Succeed is implementing a

"slightly modified version of ClaimCenter" (using the base product) rather than building a custom solution. The project team accepts that they are starting with a robust, pre-built application and will only modify it where necessary (e.g., the two specific fields).

* "We will challenge current processes" (Option B): The scenario notes that "Currently language is not considered in assignment." To successfully implement the new requirement (bilingual assignment), the project team must challenge and change the legacy business process. Instead of automating the old way of working (which ignored language), they are defining a new, more efficient process that leverages the tool's capabilities.

Why other options are incorrect:

* Option C: Adding scope (new fields) generally increases risk and time rather than accelerating it, unless the scope is strictly MVP. The primary focus here is efficiency, not just speed of deployment.

* Option D: While "not revisiting decisions" is a good governance rule, it is not the primary principle illustrated by the decision to modify the UI for specific business value.

NEW QUESTION # 37

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