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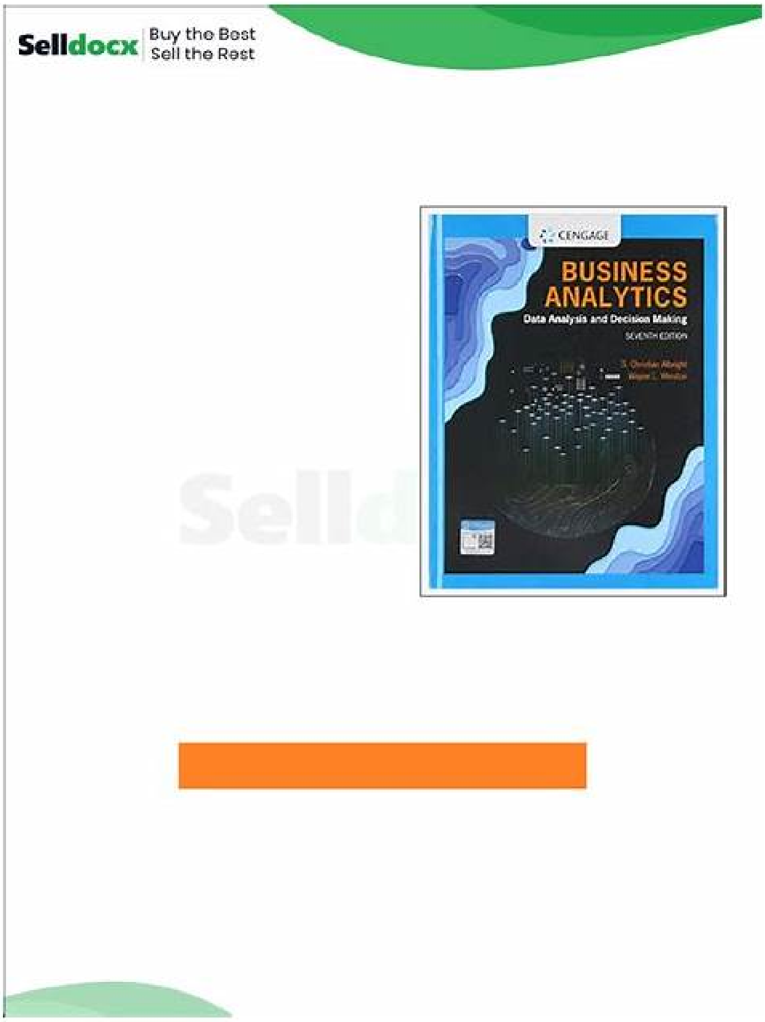

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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 3	• 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 4	• 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.

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Pass-Sure Exam ClaimCenter-Business-Analysts Objectives Pdf – Updated Exam Success Provider for ClaimCenter-Business-Analysts: ClaimCenter Business Analyst - Mammoth Proctored Exam

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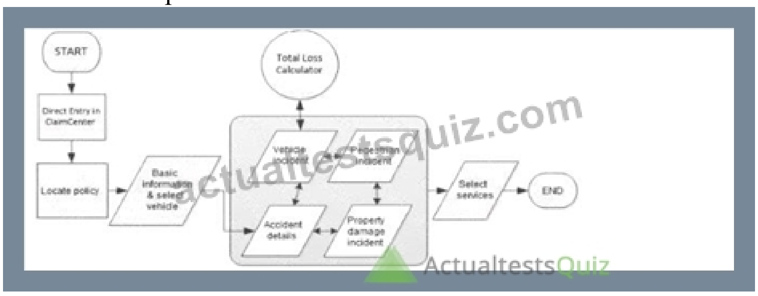
Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q16-Q21):

NEW QUESTION # 16
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 before 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 after 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 theTotal Loss Score. In the context of the ClaimCenter object model and process flow, the Total Loss Score is anoutputvalue generated specifically by theTotal Loss Calculatorengine. 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 placedafterthe step that generates the data it needs to record.
* Process Logic:If the Business Analyst were to place the history event creation stepbeforethe Total Loss Calculator (Option B)

orbeforethe 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 Cis 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 # 17
Which two actions may the Business Analyst (BA) perform based on the roles and permissions functionality of ClaimCenter? (Choose two.)

- A. Establish a best practice which dictates that each user should be given unique permissions to increase the precision of security
- B. Design requirements around different authority limits within the customer's organization
- C. Create a collection of permissions to simplify the management of large groups of users with the same permissions
- D. Define a role that consolidates variable permissions across multiple users into a single set of permissions

Answer: C,D

Explanation:
The Roles and Permissions functionality (part of the Role-Based Access Control or RBAC model) in ClaimCenter is designed to simplify security administration. A Business Analyst utilizes this functionality to define how users access the system.
* Defining Roles (Option A):A "Role" in Guidewire is fundamentally a named container for a set of System Permissions(e.g., claimview, activitycreate). The BA defines a role (like "Adjuster" or
"Supervisor") by consolidating the necessary individual permissions into one single set.
* Simplifying Management (Option B):The primary benefit of this model is efficiency. Instead of assigning 50 individual permissions to 100 different users, the BA/Admin creates a "Collection of permissions" (the Role) and assigns that single Role to the group of users. This simplifies onboarding and maintenance.
Why other options are incorrect:
* Authority Limits (C):While related to security,Authority Limits(financial caps on reserves/payments) are technically distinct from "Roles and Permissions" functionality in the ClaimCenter object model.
Authority is handled via Authority Profiles, whereas Roles handle system access rights.
* Unique Permissions (D):This is the opposite of best practice. Assigning unique permissions to every user creates a maintenance nightmare. The best practice is to use standard Roles.

NEW QUESTION # 18
A Business Analyst (BA) noticed that one of the User Story Card files for the project indicated that it had recently been modified. The BA wanted to see who changed it, what was changed, and why it was changed.
Where on the Story Card can the BA go to determine the changes recently made to it?

- A. Go to the Document Control tab > Amendment History
- B. Go to File > Properties
- C. Go to the Action Items tab > Description > Resolution/Comments
- D. Go to the UI Fields tab > New or Modified fields

Answer: A

Explanation:
In the standard Guidewire User Story Card template (an Excel-based tool used for requirements gathering), version control is manually tracked to ensure auditability and clarity among the project team.
* Document Control Tab (Option C):This is typically the first tab in the Story Card workbook. It contains a section specifically forAmendment History(or Revision History).
* Content:This section is designed to capture:
* Who:The author of the change.

* When:The date of the change.
* What/Why: A description of the modification (e.g., "Updated Acceptance Criteria based on Workshop feedback").
This provides the specific "Who, What, and Why" requested in the scenario.
Why other options are incorrect:
* File > Properties (A):This is standard Excel metadata. It shows the "Last Modified By" user and date, but it cannot explainwhatspecific cells were changed orwhy(the business context).
* Action Items (B):This tab tracks open questions or tasks, not the revision history of the document requirements.
* UI Fields (D):This tab tracks the requirements for screen fields, but does not serve as a changelog for the entire document.

NEW QUESTION # 19
Under the Travel loss type, Succeed Insurance offers personal travel policies as part of its travel line of business.
Which two pieces of information in the user interface (UI) will be different for a personal travel claim than for a personal auto or homeowners claim? (Choose two.)

- A. The values displayed in the list of fault ratings
- B. The values displayed in the list of loss causes
- C. Incident types available for recording damage
- D. The format of the Financial Summary screen
- E. Contact information collected for the insured

Answer: B,C

Explanation:
Guidewire ClaimCenter is designed to support multiple Lines of Business (LOB), and the User Interface adapts dynamically based on the policy type associated with the claim.
* Incident Types (Option B):The "Incident" is the object that describes what was damaged or lost.
* ForAuto, the UI displaysVehicle Incidents(describing cars).
* ForHomeowners, the UI displaysDwellingorFixed Property Incidents.
* ForTravel, the UI will display distinct incident types such asBaggage Incident(for lost luggage) orTrip Cancellation Incident. These are fundamentally different data objects with different fields.
* Loss Causes (Option C):The LossCause typelist is filtered by the Line of Business.
* Autoclaims show causes like "Collision," "Rear-end," or "Theft of Vehicle."
* Travelclaims will show completely different values such as "Trip Delay," "Lost Baggage,"
"Medical Emergency," or "Cancellation."
Why other options are incorrect:
* Financial Summary (A):The structural format of the Financial Summary screen (displaying Reserve Lines, Payments, and Remaining Reserves) is a core system framework that remains consistent across all lines of business.
* Contact Information (E):The Contact entity (Name, Address, Phone) is a shared entity. The fields used to capture a person's details are generally the same whether they are a driver, a homeowner, or a traveler.

NEW QUESTION # 20
Which workflow will kick in if the claim assignment is handled via "Default Group Claim Assignment Rule" with available matching?

- A. Claim gets assigned to a Supervisor to determine next step.
- B. Claim goes to the "Root Group" for manual assignment.
- C. Claim gets assigned to an appropriate Group based on geography and LOB.
- D. Claim gets assigned to a user based on expertise and workload.

Answer: D

Explanation:
In Guidewire ClaimCenter, assignment logic functions in a two-stage process: first Global Assignment (which finds the appropriate Group) and then Group Assignment (which finds the appropriate User within that group).
1
TheDefault Group Claim Assignment Ruleis the specific logic set used to distribute claimswithina group once the group has already been identified. When this rule is configured with "available matching" (often referred to as criteria-based or attribute-based assignment), the system evaluates the users inside that group against specific criteria.
* Workflow:The system filters the group's users to find those who are "available" (not on vacation) and then matches the claim against user attributes such asExpertise,Workload(current claim count), or specific skills.

* Result:The claim is automatically assigned to the best-fitUserwithin that group.
Why other options are incorrect:
* Option B (Geography/LOB):This describesGlobal Assignmentrules, which are responsible for routing the claim to the correct office or unit (Group), not the specific user.
* Option C (Supervisor):Assigning to a supervisor is a fallback mechanism (often called "Assign to Supervisor") used when the system fails to find a matching user or when manual intervention is explicitly required. It is not the primary function of "available matching."
* Option D (Root Group):Routing to the "Root Group" is a last-resort fallback when Global Assignment fails entirely to find any appropriate group.

NEW QUESTION # 21
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