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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q48-Q53):

NEW QUESTION # 48
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 an Adjuster, the system should prevent indemnification of claimants if the application log has not been provided and reviewed to prevent payments without validation.
- B. 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.
- C. As an Adjuster, vehicle mileage/kilometers must be captured during adjudication to track mileage /kilometers, and potentially prevent fraudulent activities.
- D. 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.

Answer: A,B

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 # 49
Which two components are necessary to create the check(s) using the wizard? (Choose two.)

- A. Date of the claim
- B. Payee
- C. Payment tied to a reserve line
- D. Payment tied to an activity

Answer: B,C

Explanation:
The Check Wizard in Guidewire ClaimCenter enforces strict financial integrity rules. To successfully create a check, the user must define the source of funds and the recipient.

* Payment tied to a Reserve Line (Option A):Every payment must be allocated to a specificReserve Line(combination of Exposure, Cost Type, and Cost Category). This ensures that the payment consumes the correct financial reserves and maps to the correct coverage on the policy. You cannot create a "floating" payment; it must be tied to a reserve line.
* Payee (Option C):A check is a legal instrument that must be payable to a specific entity. Selecting a Payee(from the claim contacts) is a mandatory step in the wizard.
Why other options are incorrect:
* B (Activity):While paymentscanbe linked to activities (e.g., Service Requests), it is optional. Most indemnity payments are made directly without an underlying activity.
* D (Date of claim):The Loss Date is a property of the claim, but it is not a component selected or created duringthe check wizard process. The relevant dates in the wizard are the "Service Period" or
"Scheduled Send Date."

NEW QUESTION # 50
What is a reason to assign a unique identification number to each User Story Card in ClaimCenter implementation projects?

- A. The number is used in the naming convention of: Product - Theme - Subtheme - ID number.
- B. The number provides the primary means for organizing tasks in backlog.
- C. The number helps to identify accepted and rejected Acceptance Criteria on Burndown Charts.
- D. The number identifies total time estimated for building out the related User Story.

Answer: A

Explanation:
In Guidewire implementation methodology (such as SurePath), traceability and organization are maintained through strict naming conventions.
* Naming Convention (Option C):A unique identification number is assigned to every User Story Card to create a consistent naming structure:Product - Theme - Subtheme - ID. (For example: CC - FNOL - Vehicle - 001).
* Purpose:This convention allows Business Analysts, Developers, and QA testers to easily reference, search, and trace requirements across different tools (e.g., from the Story Card in Excel/Jira to the code in Studio and the test cases in the testing suite).
* Why not A, B, or D?Time estimation (A) uses "Story Points," not the ID. Burndown charts (B) track velocity/points, not criteria IDs. Backlogs (D) are organized byBusiness Value/Priority, not just numerically by ID.

NEW QUESTION # 51
Succeed Insurance has a requirement to add a new high-risk indicator to the Claim Status screen for property claims that have a lien on the property. A new icon will be added to the configuration to provide a visual indicator making it easier for Adjusters and other ClaimCenter users to determine that a claim has a lien.
Which two common areas of the user interface (UI) can display the new lien icon? (Choose two.)

- A. Workspace
- B. Info Bar
- C. Sidebar
- D. Tab Bar
- E. Screen Area

Answer: B,E

Explanation:
In the standard Guidewire ClaimCenter User Interface architecture, high-priority alerts and claim indicators are displayed in two primary locations to ensure visibility:
* The Info Bar (Option D):This is the persistent strip located at the top of the claim file (just below the Tab Bar). It remains visible regardless of which specific claim sub-screen (Medical, Financials, Notes) the user is navigating. It is designed specifically to host "High Risk Indicators" such as Litigation, Fatalities, Coverage issues, and in this scenario, a "Lien" indicator. This ensures the adjuster is aware of the critical status immediately upon opening the claim.
* The Screen Area (Option A):Specifically, theClaim Status(or Summary) screen-which resides in the main Screen Area-contains a dedicated section for "Claim Indicators." Here, the icon is displayed along with a text description and potential toggle status (On/Off). The prompt explicitly mentions the requirement to "add a new high-risk indicator to the Claim Status screen," confirming the Screen Area as the second location.
Why other options are incorrect:
* Sidebar (B):The sidebar (left panel) is used for the "Actions" menu and navigation links (steps) to move between screens. It does

not typically host status icons for the claim object itself.
* Workspace (C):While "Workspace" can refer to the application frame, in UI terminology, it often refers to the specific worksheets (bottom pane) or the container, not the specific UI element for indicators.
* Tab Bar (E):The Tab Bar is for high-level navigation (Claim, Desktop, Administration, Search) and does not display claim-specific data icons.

NEW QUESTION # 52

A car accident in a rural area of Durango, Colorado is reported to Succeed Insurance. The driver of the damaged car reportedly hit the base of a windmill tower while driving at night. There was no other passenger in the car when the accident happened, and the driver has a valid auto policy on file.
While the driver is not physically injured, the entire passenger side of the car has been severely damaged.
Although the windmill is still functioning, the base of the tower has sustained multiple broken parts.
Which two incidents need to be created for the claim based on the reported accident? (Choose two.)

- A. Create a vehicle incident for the damaged car
- B. Create another structure incident for windmill power damage
- C. Create a loss of use incident for the windmill tower
- D. Create a property incident for the damaged windmill
- E. Create an injury incident for the driver

Answer: A,D

Explanation:
In Guidewire ClaimCenter, an Incident is the data object used to capture the specific facts about "what" was damaged or affected during the loss event. It serves as the foundation for creating Exposures (the financial liabilities).
* Vehicle Incident (Option C):The scenario states that the insured's car has been "severely damaged" on the passenger side. To record these facts-including the point of impact, the severity, and the vehicle description-the Adjuster must create aVehicle Incident. This incident will eventually support the collision coverage exposure.
* Property Incident (Option B):The accident involved the car hitting a "windmill tower," resulting in
"broken parts" to the base. In ClaimCenter, damage to third-party non-vehicular objects (like fences, poles, buildings, or towers) is captured using aFixed Property Incident(often referred to generically as a Property Incident). This incident records the damage description and ownership of the windmill, which is necessary to handle the Property Damage Liability claim.
Why other options are incorrect:
* Option E (Injury):The scenario explicitly states the driver is "not physically injured." Therefore, an Injury Incident is not required.
* Option A ("Another structure"):The standard object for third-party fixed property damage is the Property Incident/Fixed Property Incident, not "Another structure."
* Option D (Loss of Use):While possible later, the primary immediate damage is physical. Loss of Use is usually a secondary exposure type, not the primary incident definition for the tower itself.

NEW QUESTION # 53

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