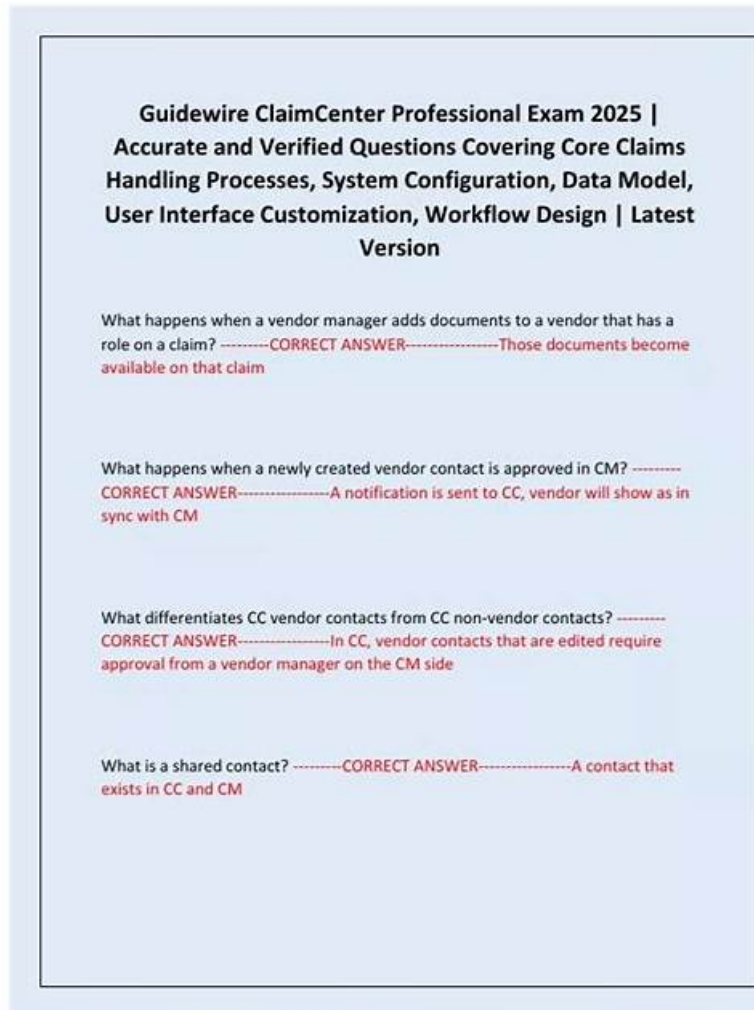


How to Obtain Excellent Results Here on Guidewire ClaimCenter-Business-Analysts Exam



The questions of our ClaimCenter-Business-Analysts guide questions are related to the latest and basic knowledge. What's more, our ClaimCenter-Business-Analysts learning materials are committed to grasp the most knowledgeable points with the fewest problems. So 20-30 hours of study is enough for you to deal with the exam. When you get a ClaimCenter-Business-Analysts certificate, you will be more competitive than others, so you can get a promotion and your wages will also rise your future will be controlled by yourselves.

ITPassLeader Guidewire ClaimCenter-Business-Analysts desktop practice exam software is usable on Windows computers without an active internet connection. It creates the complete scenario of the ClaimCenter Business Analyst - Mammoth Proctored Exam (ClaimCenter-Business-Analysts) real test through its multiple mock tests. Our practice software contains all the questions which you will encounter in the Guidewire final test.

>> ClaimCenter-Business-Analysts Valid Test Duration <<

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The ClaimCenter Business Analyst - Mammoth Proctored Exam (ClaimCenter-Business-Analysts) web-based practice test is compatible with these browsers: Chrome, Safari, Internet Explorer, MS Edge, Firefox, and Opera. This ClaimCenter Business

Analyst - Mammoth Proctored Exam (ClaimCenter-Business-Analysts) practice exam does not require any software installation as it is web-based. It has similar specifications to the Guidewire ClaimCenter-Business-Analysts desktop-based practice exam software, but it requires an internet connection.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q10-Q15):

NEW QUESTION # 10

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 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.

No payments can be made on the claim until a flag indicating that the Vehicle Monitoring Log file has been processed has been set to 'Yes'.

Which feature of the base product prevents payments from being made on the claim?

- A. Validation rule enforcing the Send to external system validation level.
- B. Authority Limit for any payment with a policy type of Pay-as-you-drive.
- **C. Validation rule enforcing the Ability to pay validation level.**
- D. Transaction Validation rule requiring approval for payments with unprocessed log files.

Answer: C

Explanation:

In Guidewire ClaimCenter, the Ability to Pay validation level is the specific "gatekeeper" designed to verify that a claim is mature enough and has sufficient data to allow financial transactions to be issued.

* Validation Levels: ClaimCenter uses validation levels (e.g., Load, New Loss, Ability to Pay) to enforce data integrity at different stages of the claim lifecycle.

* Blocking Payments: When a user attempts to create a check, the system triggers the rules associated with the Ability to Pay level. If any rule at this level fails (returns an error), the system prevents the payment wizard from completing.

* Scenario Application: The Business Analyst can define a rule at the "Ability to Pay" level that checks the condition: "If Policy Type is Pay-as-you-drive AND Log Processed Flag is NOT 'Yes', then throw an error." This fulfills the requirement to strictly block payments ("No payments can be made") rather than just route them for approval.

Why other options are incorrect:

* Authority Limits (B) control the amount of money a user can approve, not the prerequisites (like data flags) for making a payment.

* Transaction Validation requiring approval (C) would route the payment to a supervisor, but it implies the payment could be made if approved. The requirement states "No payments can be made," implying a hard system stop, which validation rules provide.

* Send to External System (D) validates data just before it leaves the system (e.g., for check printing), which is often too late in the workflow for business-logic stops like reviewing a log file.

NEW QUESTION # 11

What are two recommended best practices with user interface (UI) mock-ups in a ClaimCenter implementation project? (Choose two.)

- A. A live system demonstration is acceptable in place of using a user interface (UI) mock-up to describe needed changes to the user interface.
- **B. When a Business Analyst (BA) does not have access to a tool, it is acceptable to take a clear screen shot, then indicate on the image how the screen should appear to meet the requirements.**
- C. When creating a user interface (UI) mock-up, a Business Analyst (BA) should take a clear screen shot. User interface (UI) mock-up tools should not be used.
- **D. A Business Analyst (BA) should document the requirement number associated with the mock-up and then use a user interface (UI) mock-up tool to build the mock-up.**

Answer: B,D

Explanation:

In a Guidewire implementation, User Interface (UI) mock-ups serve as critical visual aids to bridge the gap between written business requirements and the final technical solution.

* Best Practice 1 (Option B): While sophisticated prototyping tools (like Balsamiq or Axure) are valuable, they are not always strictly necessary for every change. A "low-fidelity" mock-up is often sufficient and highly effective for minor adjustments. If a BA lacks access to specialized software, the recommended best practice is to take a screenshot of the existing ClaimCenter screen and overlay it with text boxes, arrows, or simple graphics (using tools like Paint or PowerPoint) to clearly indicate where fields should be added, moved, or removed. The goal is clarity of intent, not artistic perfection.

* Best Practice 2 (Option D): Traceability is fundamental to the Agile and hybrid methodologies used in Guidewire projects. Every artifact, including mock-ups, must be traceable back to the specific User Story or Requirement Number it supports. By explicitly documenting the requirement number on or with the mock-up, the BA ensures that developers understand exactly which functionality is being visualized and that QA testers can validate the final screen against the correct scope.

Why other options are incorrect:

* Option A: A live demo shows the current state. It cannot effectively demonstrate future changes (fields that don't exist yet) without a visual mock-up to accompany the explanation.

* Option C: Stating that tools "should not be used" is incorrect; tools are generally encouraged when available to create high-fidelity prototypes.

NEW QUESTION # 12

Succeed Insurance handles a small volume of asbestos claims in their legacy system. These claims can remain open for many years to cover medical costs to claimants due to illnesses caused by exposure to asbestos in the workplace.

Succeed has the following requirements for paying these claims with the New Check Wizard:

. No indemnity (claim cost) payments can be made until a medical assessment of the claimant is completed.

. Expense payments can be made to cover Succeed's costs to process the claim.

Which feature in the base product can be extended to support both of these requirements?

- A. Authority Limits
- **B. Claim Maturity Level - Ability to pay**
- C. Financial holds
- D. Transaction approval rules

Answer: B

Explanation:

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

The requirement to block specific types of payments (Indemnity) while allowing others (Expenses) based on the status of claim data (Medical Assessment) is best handled by Validation Rules at the Ability to Pay level.

* Ability to Pay (Option D): In Guidewire ClaimCenter, the "Ability to Pay" is a specific Validation Level. When a user attempts to issue a check, the system runs a set of validation rules to ensure the claim has reached a sufficient level of maturity and data completeness. This is the "gatekeeper" for payments.

* How it works for this scenario: A Business Analyst can define a validation rule at the "Ability to Pay" level that states: "If the Payment Type is Indemnity AND the Medical Assessment is incomplete, then raise an error."

* Why it fits: This logic perfectly satisfies both requirements.

* It blocks Indemnity payments if the assessment is missing.

* It implicitly allows Expense payments to proceed because the rule only checks for Indemnity payments.

Why other options are incorrect:

* Authority Limits (A) control the amount of money a user can approve, not the prerequisites for payment.

* Transaction Approval Rules (B) are used to route checks for supervisory review based on criteria, not to block them entirely due to missing data.

* Financial Holds (C) are generally applied to a whole claim or exposure to suspend all payments (or broadly all payments of a certain category). While possible to configure, they are less flexible than Validation Rules for checking specific data fields like "Medical Assessment" dynamically during the check wizard process.

NEW QUESTION # 13

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

Answer: A,C

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, the Claim 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 # 14

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 a new custom Validation level for mechanical requirements.
- B. Create a Validation rule enforcing the Ability to pay validation level.
- C. Create a Validation rule enforcing the Load and save 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 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 # 15

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