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Professional Proctored Exam Guide

ClaimCenter Business Analysts

This exam guide is designed to help you evaluate your readiness to successfully complete the Professional certification exam for ClaimCenter business analysts. It includes information about the target audience, required prerequisites, recommended training, and test topics. Guidewire recommends a mix of training, hands-on product experience, and knowledge of best practices to maximize your chances of success on this exam.

Target Audience

The Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam is recommended for any business analyst who works with ClaimCenter as part of Guidewire InsuranceSuite or Digital implementations. This exam validates that business analysts can interpret a variety of ClaimCenter requirements effectively and efficiently. Those who pass this exam will become a *Certified Professional*, one of two certifications required for business analysts to earn the esteemed *Certified Ace* designation.

Why Certify?

Guidewire certifications allow learners to demonstrate increasing competency in their role. The *Certified Professional* designation is a coveted achievement that will help elevate you from the crowd. *Certified Professionals* are more productive, more self-sufficient, and more prepared to capture high-quality requirements that maximize product capabilities.

Certification Dependencies

Prerequisite Certifications

Business analysts do not need an existing Guidewire certification before they pursue the *Certified Professional* designation. Those who pass the Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam will become a *Certified Professional* in the ClaimCenter business analyst track.

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Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">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.
Topic 2	<ul style="list-style-type: none">Claim Processes and Maintenance: This section focuses on end-to-end claims processes, organizational structure setup, line of business coverage configuration, claim intake procedures, and ongoing claim maintenance activities.

Topic 3	<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.
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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q24-Q29):

NEW QUESTION # 24

A commercial auto claims group at Succeed Insurance has a large number of overdue activities related to service requests. Reviewing the distribution of these activities across the team, the supervisor sees that one Adjuster on the team owns only one of these activities, while the other Adjusters own five or six.

To expedite completion of these activities, the Supervisor decides that the Adjuster with one service request activity will handle all of the overdue service activities for the team.

Which screen can the Supervisor use to most efficiently reassign these service request activities?

- A. Desktop Activities
- B. Queued Activities
- C. Search Activities
- D. **Team tab Activities**

Answer: D

Explanation:

The Team Tab is the dedicated workspace in ClaimCenter designed for Supervisors and Managers to oversee the workload and performance of their direct reports (groups).

* Efficiency: From the Team Activities screen, a supervisor can view all activities assigned to users within their group in a single list.

* Functionality: This screen provides built-in filtering (e.g., "Overdue" or "Due Today") and bulk processing capabilities. The Supervisor can select multiple activities currently owned by different adjusters (the ones with five or six items), click the Assign button, and reassign them all to the target Adjuster (the one with only one item) in a single action.

* Why it fits: This meets the requirement to "review the distribution" (viewing the team's load) and

"reassign" efficiently from one central location.

Why other options are incorrect:

* Queued Activities (A) displays items that are sitting in a queue waiting to be picked up; it does not display activities already owned by individual users.

* Search Activities (B) allows finding activities but is less efficient because it requires setting up complex search criteria to find the specific group's items, whereas the Team tab is pre-filtered to the supervisor's hierarchy.

* Desktop Activities (C) displays the activities assigned to the current user (the Supervisor themselves), not the activities owned by their subordinates.

Here are the 100% verified answers for Question 14 and Question 15 based on Guidewire ClaimCenter Business Analyst documentation.

NEW QUESTION # 25

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

Answer: B,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 # 26

A catastrophe has been created in ClaimCenter for Tropic Storm Dorian. Succeed Insurance requires that all claims resulting from the storm be attributed to that catastrophe when they are entered in ClaimCenter. The completion target is within three (3) days of claim creation and should be escalated if it is not completed within five (5) days.

Which required element for a business activity rule is missing?

- A. TriggerEntity
- B. RuleCondition
- **C. Actions**
- D. AppliesTo

Answer: C

Explanation:

A complete Business Rule (specifically one designed to generate an Activity) consists of a Context (Trigger /Entity), a Condition (Logic), and an Action (Execution).

* Missing Element: Actions (Option A): The scenario describes the trigger ("when they are entered"), the intent/condition ("resulting from the storm"), and the parameters of the resulting activity (Target: 3 days, Escalation: 5 days). However, it fails to specify the Action details required to execute the rule:

specifically, who the activity should be assigned to (The Assignee) and the specific instruction to create the activity instance. Without defining the Action (e.g., "Create Activity 'Review Catastrophe' and Assign to Claim Owner"), the rule cannot function.

* Why other options are present:

* TriggerEntity (B): Implied as the Claim (since the text says "when they [claims] are entered").

* RuleCondition (C): While "resulting from the storm" is vague, it represents the business condition. The Action (assignment) is the most glaring omission preventing the workflow from reaching a user.

* AppliesTo (D): This generally refers to the root entity (Claim), which is identified.

NEW QUESTION # 27

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

Answer: C,E

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 displays Vehicle Incidents (describing cars).
- * ForHomeowners, the UI displays Dwelling or Fixed Property Incidents.
- * ForTravel, the UI will display distinct incident types such as Baggage Incident (for lost luggage) or Trip 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."
- * Travel claims 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 # 28

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

Answer: B,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 # 29

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