

# Reliable ClaimCenter-Business-Analysts Exam Question & ClaimCenter-Business-Analysts Exam Simulator Fee



## 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"> <li>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.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>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.</li> </ul>

## Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q36-Q41):

### NEW QUESTION # 36

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

**Answer: A,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):TheElaboration Workshopis 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) areoutpustasksthat occurafter the requirements have been determined and the solution approach (Standard vs. Custom) has been agreed upon.

### NEW QUESTION # 37

Succeed Insurance is implementing a slightly modified version of ClaimCenter to suit its organization's needs.

The modification will include adding two new required fields to the standard user interface to capture the reporter's Preferred

Language and Preferred Contact Time. This requirement is critical for Succeed to improve efficiency and the expediency of claims processing in its region.

Under which ClaimCenter theme will the User Story Card be found for documenting these requirements?

- A. Adjudicate
- B. Settle/Close
- **C. Intake**
- D. Special Services

**Answer: C**

Explanation:

In the Guidewire implementation methodology, User Stories are categorized into Themes that align with the high-level business processes of the claim lifecycle.

\* Intake (Option A): The Intake theme covers the First Notice of Loss (FNOL) process and the "New Claim Wizard." The requirement specified is to capture data regarding the "Reporter" (the person reporting the loss) and their contact preferences. In ClaimCenter, Reporter information is collected at the very beginning of the New Claim Wizard (Step 1: Search/Create Policy and Reporter). Because this data entry occurs during the initial setup of the claim, the User Story governing these UI changes belongs to the Intake theme.

\* Context: Improving "expediency of claims processing" often relies on accurate data capture at the Intake stage so that downstream assignment and communication can be handled correctly from the start.

Why other options are incorrect:

\* Adjudicate (B): This theme covers the investigation, evaluation, and negotiation phases that occur after the claim is created.

\* Settle/Close (D): This theme covers the payment issuance and final closure of the file.

\* Special Services (C): This typically refers to Vendor Management or specialized sub-processes, not the core FNOL reporter data.

### NEW QUESTION # 38

Succeed Insurance requires that a new 'Driver under 18?' field be added to the vehicle incident screen for personal auto claims to indicate whether or not the driver of the vehicle was a minor when the loss occurred.

The field will be set by calculating the driver's age using the date of loss and the driver's date of birth.

There are two validation requirements:

\* The field must be set if the 'Date of Birth' field for the driver is not null.

\* No payments can be made for collision exposures if the 'Date of Birth' field for the driver of the vehicle is null.

A Business Analyst (BA) documents the validation requirements in the validation tab of the User Story Card

'Adjudicate - Update Maintain Vehicle Incident for Personal Auto Claims' as shown in the exhibit.

What information in the two validation examples is either missing or incorrectly documented? (Choose two.)

- **A. The second requirement is missing a requirement number, and the rule condition should check for a policy type of personal auto.**
- B. The first requirement is missing the name of the DV or LV file for the new field, and an error or warning message should be provided.
- C. The first requirement does not need a value in the LOB column since the rule condition provides a test for the policy type.
- D. The first requirement includes information on how to set the new 'Driver under 18?' field in the Rules column, which is not needed.
- **E. The second requirement is missing the name of the DV or LV file where the warning or error message will display when the validation fails.**

**Answer: A,E**

Explanation:

The User Story Card exhibit contains several documentation errors when compared to standard Guidewire requirements gathering best practices and the specific scenario provided.

\* Missing Requirement Number and Logic Gap (Option C):

\* Traceability: In the second row of the exhibit (the payment validation rule), the "Requirement Number" column is completely blank. Traceability back to the original requirements document is mandatory for all entries.

\* Logic Precision: The requirement explicitly states that the rule applies to "personal auto claims"

. However, the logic documented in the "Rules" column (If Exposure Type = VehicleDamage Then Block...) does not check the Policy Type. It relies solely on the Exposure Type, which could exist on Commercial Auto policies as well. To accurately reflect the business requirement, the condition If PolicyType = Personal Auto must be added (similar to how it was done in the first row).

\* Missing DV/LV Context for Validation (Option D):

\* UI Anchoring: The second requirement is a validation rule that triggers an error ("Driver's Date of Birth is required..."). For the system to highlight the specific field on the screen (the "Driver Date of Birth" widget) when the error occurs, the rule must be associated with the specific Detail View (DV) or List View (LV) where that field resides (e.g., Vehicle Incident DV). The exhibit lists "Not Applicable" in the "Name of DV or LV" column. This is incorrect because providing the DV name ensures the error message is displayed contextually next to the field rather than as a generic page-level error, improving the user experience.

Why other options are incorrect:

\* Option A: The LOB column is used for filtering, reporting, and release management. Even if the rule logic checks the policy type, the LOB column is required metadata and should not be removed.

\* Option B: While the first requirement (the calculation) lacks a DV name (which it should have), it is a Business Rule (assignment), not a validation. Therefore, it does not generate an error or warning message for the user, so the second part of Option B is incorrect.

\* Option E: The "Rules" column is exactly where the calculation logic (Date of Loss - Date of Birth) belongs. The developer needs this information to implement the automation.

### NEW QUESTION # 39

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 Vehicle Incident step 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 Total Loss Calculator 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 # 40

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

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

**Answer: B**

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 by Business Value/Priority, not just numerically by ID.

## NEW QUESTION # 41

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