

ClaimCenter-Business-Analysts New Braindumps Questions & ClaimCenter-Business-Analysts Exam Simulator Free



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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"> 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 4	<ul style="list-style-type: none"> 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.

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Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q38-Q43):

NEW QUESTION # 38

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

Answer: A,D

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 # 39

Succeed Insurance allows field Adjusters to write checks directly to the insured to cover damage costs for minor claims such as:

- * Personal auto claims involving cracked windshields
- * Homeowners claims involving minor glass breakage

The Adjuster uses the Manual Check Wizard to record the check number and amount against a reserve line.

Succeed requires Supervisor approval for all manual checks to ensure that the paper checks are verified against the payment information in ClaimCenter.

Which two limits or rules must be configured in ClaimCenter to ensure that these manual payments are sent to the correct person for approval? (Choose two.)

- **A. Transaction approval rules**
- B. TransactionSet validation rules
- C. Approval routing rules
- **D. Authority limits**

Answer: A,D

Explanation:

To enforce an approval workflow for a specific type of financial transaction (like "Manual Checks") regardless of the dollar amount, a Business Analyst must leverage both Authority Limits and Transaction Approval Rules.

* Authority Limits (D): These are the primary controls for financial exposure. While typically used for amounts (e.g., "Limit of \$5,000"), they are the foundational mechanism that triggers the system's

"Pending Approval" state. For this scenario, an authority limit could be set to \$0 for the specific payment method of "Manual Check" to force all such payments into the approval workflow.

* Transaction Approval Rules (C): These rules allow for more granular, logic-based approval triggers beyond simple amounts. Since the requirement specifies "all manual checks" (implying a condition based on the method of payment, not just the amount), a Transaction Approval Rule is the best practice configuration. The rule would be written to state: "If Payment Method is Manual, then Approval is Required."

* Why not A (Approval Routing)? While Approval Routing rules determine where the request (the "correct person"), the default behavior in ClaimCenter is to route approvals to the user's Supervisor.

Since the requirement is simply "Succeed requires Supervisor approval," the standard routing logic likely suffices without needing new custom configuration. The critical configuration needed is the trigger (C and D) to stop the payment in the first place.

NEW QUESTION # 40

What is the importance of a mock-up of the user interface (UI) design?

- A. A mock-up illustrates for the customer what the final ClaimCenter user experience is.
- B. A mock-up tells the customer what the current ClaimCenter user experience is.
- **C. A mock-up shows the viewer what the intended ClaimCenter user experience is.**
- D. A mock-up illustrates for the viewer the integration of ClaimCenter with outside sources.

Answer: C

Explanation:

In the context of a Guidewire implementation project, a User Interface (UI) Mock-up is a visual tool used during the requirements gathering and design phases. Its primary purpose is to illustrate the intended user experience before development begins.

* Visualization of Requirements: Mock-ups bridge the gap between abstract written requirements (User Stories) and the concrete software product. They show stakeholders how the screens will look and function to meet their needs.

* Intended vs. Final: Option A is correct because the mock-up represents the proposed or intended design.

Option D ("Final") is subtly incorrect because the "final" experience is the actual, functioning software, which may evolve slightly from the mock-up during development due to technical constraints or feedback.

* Current vs. Integration: Option B refers to the existing system (Current state), which is typically shown via live demo, not a mock-up. Option C refers to backend integrations, which are typically documented via data mapping spreadsheets or architecture diagrams, not UI mock-ups.

NEW QUESTION # 41

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 includes information on how to set the new 'Driver under 18?' field in the Rules column, which is not needed.
- 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 second requirement is missing the name of the DV or LV file where the warning or error message will display when the validation fails.
- E. 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.

Answer: A,D

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., VehicleIncidentDV). 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 # 42

Succeed Insurance had an embarrassing event last month that had potential legal ramifications. One of their Customer Service Representatives (CSR) shared details of a celebrity's personal auto claim on social media.

Fortunately for Succeed, the celebrity decided not to pursue legal actions as long as Succeed agreed to resolve the potential for future occurrences within the next 30 days.

Succeed executives immediately reacted to the situation by establishing new guidelines regarding claim security. The Business Analyst (BA) assigned to the project researched ClaimCenter base product capabilities and held several requirements gathering sessions designed to document their strategy. The new requirements indicate that only authorized users should be looking at celebrity claims.

Which two features should be used to meet the new requirements? (Choose two.)

- A. Specify the claim security types
- B. Hide secure claim information fields
- C. Create an access profile for each claim security level
- D. Create a rule that tracks who has viewed secure claims
- E. Assign authority profiles to authorized users

Answer: A,C

Explanation:

To restrict access to sensitive claims (such as those involving celebrities) so that "only authorized users" can view them, a Business Analyst must utilize the Claim Security features in Guidewire.

* Specify Claim Security Types (Option A): The first step is to define the classification of the claim.

The system uses the ClaimSecurityType typelist. The BA would add a new typekey (e.g., "Celebrity" or "High Profile") or use an existing one (e.g., "Sensitive") to flag these specific claims.

* Create/Assign Access Profiles (Option E): Access control in Guidewire is managed through Access Profiles (sometimes referred to within Role configurations). An Access Profile maps specific Security Levels (like the "Celebrity" type defined above) to permissions. To meet the requirement, the BA defines an Access Profile that grants "View" permission for the "Celebrity" security type and assigns this profile only to the authorized users (or roles). Users without this specific Access Profile will be unable to search for or view the claim.

Why other options are incorrect:

* Authority Profiles (B): In Guidewire terminology, "Authority" refers strictly to Financial Authority (limits on reserves and payments), not data access visibility.

* Hide secure fields (C): This refers to Field Level Security (masking specific data like a Tax ID). The requirement is to restrict access to the entire claim, not just specific fields.

* Tracking rules (D): While "Claim Access Auditing" (tracking history) is often enabled for sensitive claims, it is a detective control, not a preventive one. The requirement specifies that unauthorized users should not be looking at the claim at all, which requires the Access Profiles (preventive control).

NEW QUESTION # 43

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