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NEW QUESTION: 1
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, vehicle mileage/kilometers must be captured during adjudication to track mileage /kilometers, and potentially prevent fraudulent activities.
B. 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.
C. 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.
D. 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.
Answer: C,D (LEAVE A REPLY)
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: 2
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. Transaction approval rules
C. Financial holds
D. Claim Maturity Level - Ability to pay
Answer: (SHOW ANSWER)
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 specificValidation 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 theamountof 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 suspendallpayments (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: 3
What is a reason to assign a unique identification number to each User Story Card in ClaimCenter implementation projects?
A. The number identifies total time estimated for building out the related User Story.
B. The number helps to identify accepted and rejected Acceptance Criteria on Burndown Charts.
C. The number is used in the naming convention of: Product - Theme - Subtheme - ID number.

D. The number provides the primary means for organizing tasks in backlog.

Answer: C (LEAVE A REPLY)

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: 4

To help manage new user setup, Succeed Insurance would like all manager-level employees to be able to add new users to ClaimCenter. Some managers are already assigned the Community Admin role, which has a set of permissions for the administration of the ClaimCenter community model that includes the permission to create new users.

Where are two places the Business Analyst (BA) can go to view the permissions assigned to manager-level users? (Choose two.)

A. Go to c:\GW10\ClaimCenter\build\dictionary\data\index.html to view the Data Dictionary

B. Go to c:\GW10\ClaimCenter\build\dictionary\security\index.html to view the Security Dictionary

C. Go to the Administration menu > Users & Security > Users

D. Go to the Administration menu > Users & Security > Authority Limits

E. Go to the Administration menu > Users & Security > Roles

Answer: B,E (LEAVE A REPLY)

To view the detailed System Permissions (such as usercreate, claimview, etc.) associated with a specific user role (like "Manager" or "Community Admin"), a Business Analyst has two primary methods: one within the application UI and one via generated documentation.

* Administration Menu > Users & Security > Roles (Option E):This is the direct User Interface method. By navigating to theRolespage in the Administration tab, the BA can select a specific role (e.
g., "Manager"). The detailed view of that role lists every system permission currently granted to it. This allows the BA to verify if the "usercreate" permission is present.
* Security Dictionary (Option B):For a comprehensive, searchable, and offline reference, the BA can access theSecurity Dictionary. This is a set of HTML files generated from the application's configuration (found in the build directory). It provides a complete matrix of all Roles, the Permissions assigned to them, and the Access Profiles configured in the system.

Why other options are incorrect:

* Data Dictionary (A):This documents theData Model(Entities and Typelists), not the security configuration.
* Users (C):While this screen lists users and their assigned roles, it does not display thedefinitions(the specific list of permissions) of those roles.
* Authority Limits (D):This screen managesFinanciallimits (dollar amounts for reserves/payments), not system access permissions.

NEW QUESTION: 5

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:

Limit Type	Policy Type	Coverage Type	Cost Type	Amount
Claim payments to date	Personal Auto			$5,000.00
Claim total reserves	Personal Auto			$5,000.00
Payments exceed reserves	Personal Auto			$500.00

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: (SHOW ANSWER)
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: 6
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. Screen Area
B. Sidebar
C. Workspace

D. Info Bar
E. Tab Bar
Answer: (SHOW ANSWER)
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: 7
Which two best practices should a Business Analyst (BA) follow to be prepared for a Requirements Workshop? (Choose two.)
A. Invite end users with knowledge of related process.
B. Review notes from Inception Workshop.
C. Review base product functionality of ClaimCenter for related process.
D. Review acceptance criteria.
E. Ask the Project Manager to set an agenda.
Answer: B,C (LEAVE A REPLY)
Preparation is key to a successful Requirements Workshop (or Elaboration Workshop). The BA must enter the room with a clear understanding of the project scope and the tool's capabilities.
* Review Notes from Inception (B):TheInception Phasedefines the high-level scope, vision, and business objectives. Reviewing these notes ensures the BA understands the boundaries of the discussion (e.g., "We are doing Auto Hail damage, but not Property Hail damage yet") and the strategic goals defined by the sponsors.
* Review Base Product Functionality (C):To effectively lead the session and recommend solutions (as seen in Question 22), the BA must be familiar with how ClaimCenter handles the specific topic (e.g., Check Wizards, Coverage Verification) out-of-the-box. This allows the BA to demo standard features during the workshop to drive "Fit-to-Standard" discussions rather than starting from a blank sheet of paper.
* Why not A, D, or E?Inviting users (A) and setting agendas (E) are logistical tasks often handled by the Project Manager or shared; they are not "personal preparation" of knowledge. Acceptance Criteria (D) are typically writtenduringorafterthe workshop, not reviewed beforehand (unless refining an existing story).

NEW QUESTION: 8

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.


Validation Details

Name of DV or LV	Field or Filter	Rules or Links to Master Business Rules Spreadsheet	Error or Warning Message	Comments	Wave or Release	LOB	Requirement Number
	Driver under 18?	If PolicyType = Personal Auto And Driver's date of birth is not null Then Calculate Age = Date of Loss - Date of Birth If Age < 18, Then Driver under 18 = Yes		Only set the value of 'Driver under 18?' for personal auto claims when the driver's date of birth is populated	Wave 3	Personal Auto	23486-1
Not Applicable	Driver Date of Birth	Exposure Validation Rule: If Exposure Type = VehicleDamage Then Block payments if driver's Date of Birth empty	Error: Driver's Date of Birth is required for payment.	Do not allow payments against personal auto collision exposures if driver's date of birth not populated	Wave 4	Personal Auto	

Document Control | UI Mockup | UI Fields | Typelists | UI Validation & Business Rules | Action Items | Business Acceptance | UI Final | Implementation Details | Estimation | Dropdown Li ...

What information in the two validation examples is either missing or incorrectly documented? (Choose two.)
A. The first requirement does not need a value in the LOB column since the rule condition provides a test for the policy type.
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 second requirement is missing a requirement number, and the rule condition should check for a policy type of personal auto.
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 includes information on how to set the new 'Driver under 18?' field in the Rules column, which is not needed.

Answer: (SHOW ANSWER)
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...) doesnotcheck 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 specificDetail View (DV)orList 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 doesnotgenerate 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: 9
A claim for an auto accident in California has been assigned to an insurance Adjuster in the Midwest region for investigation and processing. The claim has been flagged as "Low Complexity" in ClaimCenter. The Adjuster has an authority limit for total reserves of $30,000 and has created reserves totaling $35,000.
What is the correct approval routing for this transaction?
A. This transaction will not require approval because the claim is identified as low complexity.
B. The transaction will require approval from another team member who has the authority limit to approve.
C. This transaction will require approval because the Adjuster does not work in the same region where the claim was reported.
D. The transaction will require approval from the Supervisor of the group.
Answer: D (LEAVE A REPLY)
Based on theGuidewire ClaimCenter Financials and Authority Limitsdocumentation, the correct behavior for this scenario is determined by the strict enforcement ofAuthority Limits, regardless of claim complexity or geographic region.
In ClaimCenter, every user is assigned specific authority limits for various financial transactions, including reserves, payments, and recovery reserves. These limits are absolute constraints designed to control financial exposure. In the scenario provided, the Adjuster attempted to set a reserve of$35,000, which exceeds their authorized limit of$30,000.
When a user submits a financial transaction that exceeds their pre-configured authority limit, ClaimCenter automatically triggers anApproval Workflow. The system validates the transaction amount against the user's limit at the time of submission. Since the limit is breached, the transaction is not committed immediately to the database as "Submitted"; instead, it enters a"Pending Approval"status.
Routing Logic:
The standard, out-of-the-box approval routing logic in ClaimCenter follows the Group Hierarchy.
* The system identifies the group to which the Adjuster belongs.
* It creates anApproval Activity.
* This activity is assigned to theSupervisorof that group.
The Supervisor must then review the transaction. If the Supervisor has sufficient authority (greater than $35,000), they can approve it. If the Supervisor also lacks sufficient authority, they must still "approve" it to escalate the request further up the hierarchy totheirmanager, until it reaches a user with sufficient limits.
Why other options are incorrect:
* A (Complexity):Claim complexity flags (e.g., "Low Complexity") are often used forAssignmentrules (Segment-based assignment) or straight-through processing ofdocuments, but they do not override Financial Authoritycontrols. A low-complexity claim still requires financial oversight if the dollar amount is high.
* B (Peer Approval):Approval routing is hierarchical, not peer-to-peer. It does not look for "any" team member; it looks specifically for the defined Supervisor.
* C (Region):The region mismatch might trigger an assignment rule or a validation warning depending on configuration, but the specific trigger for theapprovalhere is purely the financial discrepancy ($35k > $30k), not the geography.

NEW QUESTION: 10
Which workflow will kick in if the claim assignment is handled via "Default Group Claim Assignment Rule" with available matching?
A. Claim gets assigned to a user based on expertise and workload.
B. Claim gets assigned to an appropriate Group based on geography and LOB.
C. Claim gets assigned to a Supervisor to determine next step.
D. Claim goes to the "Root Group" for manual assignment.
Answer: A (LEAVE A REPLY)
In Guidewire ClaimCenter, assignment logic functions in a two-stage process: first Global Assignment (which finds the appropriate Group) and then Group Assignment (which finds the appropriate User within that group).
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TheDefault Group Claim Assignment Ruleis the specific logic set used to distribute claimswithina group once the group has already been identified. When this rule is configured with "available matching" (often referred to as criteria-based or attribute-based assignment), the system evaluates the users inside that group against specific criteria.
* Workflow:The system filters the group's users to find those who are "available" (not on vacation) and then matches the claim against user attributes such asExpertise,Workload(current claim count), or specific skills.
* Result:The claim is automatically assigned to the best-fitUserwithin that group.
Why other options are incorrect:
* Option B (Geography/LOB):This describesGlobal Assignmentrules, which are responsible for routing the claim to the correct office or unit (Group), not the specific user.
* Option C (Supervisor):Assigning to a supervisor is a fallback mechanism (often called "Assign to Supervisor") used when the system fails to find a matching user or when manual intervention is explicitly required. It is not the primary function of "available matching."
* Option D (Root Group):Routing to the "Root Group" is a last-resort fallback when Global Assignment fails entirely to find any appropriate group.

NEW QUESTION: 11
When creating a new Personal Auto claim, Succeed Insurance would like to identify when Rideshare is the primary use for a vehicle. A Business Analyst (BA) thinks that Primary Use already exists as a typekey on the Vehicle Details screen.
What are two ways the BA can confirm whether this field is configured in ClaimCenter and, if it is, which values are available in the typelist? (Choose two.)
A. Access the Data Dictionary > Click the Data Entities link > Open the PrimaryUse entity from left-hand pane to view field details on the right pane.
B. Access the Guidewire ClaimCenter Application Guide > Go to section on Personal Auto Object Model which lists available entities.
C. Log in to ClaimCenter > Create a new Personal Auto claim > Navigate to Vehicle Details > Use keyboard shortcut CTRL + F to find information about the fields on the screen.
D. Open Guidewire Studio for ClaimCenter > Navigate to the Vehicle Details screen > Locate the Primary Use field to view its typelist.
Answer: A,D (LEAVE A REPLY)
To verify the configuration of a specific field and its available values (typelist) within a specific implementation (like Succeed Insurance), a Business Analyst must consult the sources that reflect the current, actual system configuration, not just the out-of-the-box documentation.
* Option A (Data Dictionary):TheData Dictionaryis the definitive, generated documentation of the running application's data model. It lists allEntities(such as Vehicle) and theirTypekeys(such as PrimaryUse). By navigating to the Data Dictionary, a BA can confirm if the field exists in the database schema and view the specificTypelistvalues (e.g., "Rideshare", "Commuting", "Pleasure") associated with it. This is a primary tool for BAs to understand the data structure.

* Option D (Guidewire Studio):Guidewire Studiois the Integrated Development Environment (IDE) used to configure the application. It contains the "Source of Truth" for all configuration files. A BA (or a developer assisting them) can open thePage Configuration (PCF)files to see the Vehicle Details screen definition or open theTypelistfiles (.tti/.ttx) directly to see exactly which values are defined and active.
Why other options are incorrect:
* Option B (Application Guide):The Application Guide documents theBase (Out-of-the-Box)product features. It does not contain customer-specific customizations or extensions. If "Primary Use" or
"Rideshare" were added or modified by Succeed Insurance, the Application Guide would not reflect this.
* Option C (UI Inspection with CTRL+F):While logging into the application allows a user to see the dropdown on the screen, the shortcutCTRL + Fis merely the browser's "Find" function. It searches visible text on the page but does not provide configuration metadata, hidden values, or definitive proof of the underlying data model structure. The correct shortcut for inspecting widget properties in Guidewire is Alt + Shift + I (Location Info), but even that is less efficient for viewing a full typelist than the Data Dictionary or Studio.

NEW QUESTION: 12
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. Queued Activities
B. Search Activities
C. Desktop Activities
D. Team tab Activities
Answer: (SHOW ANSWER)
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 theTeam Activitiesscreen, 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 theAssignbutton, 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 thecurrent 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: 13
Succeed Insurance requires that all vehicles involved in collisions be evaluated to determine if the vehicle is a total loss. A vehicle claim is deemed a total loss using a calculation based on points earned for selecting specific vehicle information.
What are two examples of acceptance criteria for this business requirement? (Choose two.)
A. Ensure that the business rule generates the Review for Salvage Activity.
B. Add a question to the Total Loss Calculator that identifies the relevant damage.
C. Create a business rule to calculate total loss points.
D. Validate the assignment to the Salvage Group when calculated points are 25 or greater.
Answer: A,D (LEAVE A REPLY)
Acceptance Criteria (AC) are specific conditions that the software must satisfy to be accepted by the user. In the context of a User Story, AC must be written as testable outcomes or verification steps (pass/fail conditions), not as implementation tasks for the developer.
* Option D (Testable Outcome):"Validate the assignment to the Salvage Group when calculated points are 25 or greater."This is a perfect example of AC. It describes a specific scenario (Points >= 25) and the expected system behavior (Assign to Salvage Group). A tester can run this scenario and objectively determine if the system passes or fails.
* Option A (Testable Outcome):"Ensure that the business rule generates the Review for Salvage Activity."Similarly, this describes the expectedresultof the logic. It does not tell the developerhowto write the code, but it tells the QA team what to look for (the creation of a specific Activity) to confirm the requirement is met.
Why other options are incorrect:
* Option B ("Add a question..."):This is anImplementation Task. It describes work the developer must do ("Add a question"), but it is not a criterion for verifying the end-to-end business value.
* Option C ("Create a business rule..."):This is also anImplementation Task. A user cannot "test" that a rule was created; they test theeffectof that rule (which is described in A and D). Acceptance criteria focus on the "What" (behavior), while tasks focus on the "How" (configuration).
Here are the 100% verified answers for Question 16 and Question 17, formatted as requested.

NEW QUESTION: 14
An auto accident in Chicago, Illinois has been reported to Succeed Insurance. The customer service representative uses the ClaimCenter standard Claim Wizard to set up the new claim. The policy is verified in effect and based on the reported exposures the total loss points calculated is 38. There is also a note to have an expert inspection via approved vendor.
What is the most likely claim setup with regards to this reported auto accident?
A. The new claim will be segmented as low complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
B. The new claim will be segmented as high complexity auto claim, assigned to Midwest Complex Auto Adjusters Group, with activity for vehicle inspection.
C. The new claim will be segmented as high complexity auto claim, assigned to a Supervisor for further determination on next steps due to complexity.
D. The new claim will be segmented as mid-complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
Answer: (SHOW ANSWER)
ClaimCenter uses a logic-based process called Segmentation to categorize claims and Assignment to route them.
* Complexity (Points):The "Total Loss Points" score of38is significantly high. In standard configuration, high scores (typically indicating severe damage or total loss potential) trigger aHigh Complexitysegmentation.

* Assignment (Geography):The accident occurred inChicago (Midwest). The assignment rules will match the geography (Midwest) with the complexity (High/Complex). Therefore, it routes to the Midwest Complex Auto Adjusters Group.
* Workplan (Activity):The specific note regarding an "expert inspection" translates into a generated Activity(likely "Assign Vehicle Inspection" or similar) added to the claim's workplan.
Why other options are incorrect:
* A & D (Low/Mid Complexity):A score of 38 is too high for "Low Complexity" (which is usually for simple fender benders). Assigning a complex claim to a "Low Complexity" group would violate standard routing logic.
* C (Supervisor):Modern ClaimCenter configurations prefer Straight-Through Processing (STP) to a working group. Routing to a Supervisor is generally a fallback for exceptions, whereas this is a standard high-severity scenario that should go directly to the specialized adjusters.

NEW QUESTION: 15
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 (LEAVE A REPLY)
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 specificUser StoryorRequirement Numberit 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 thecurrentstate. It cannot effectively demonstratefuturechanges (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.

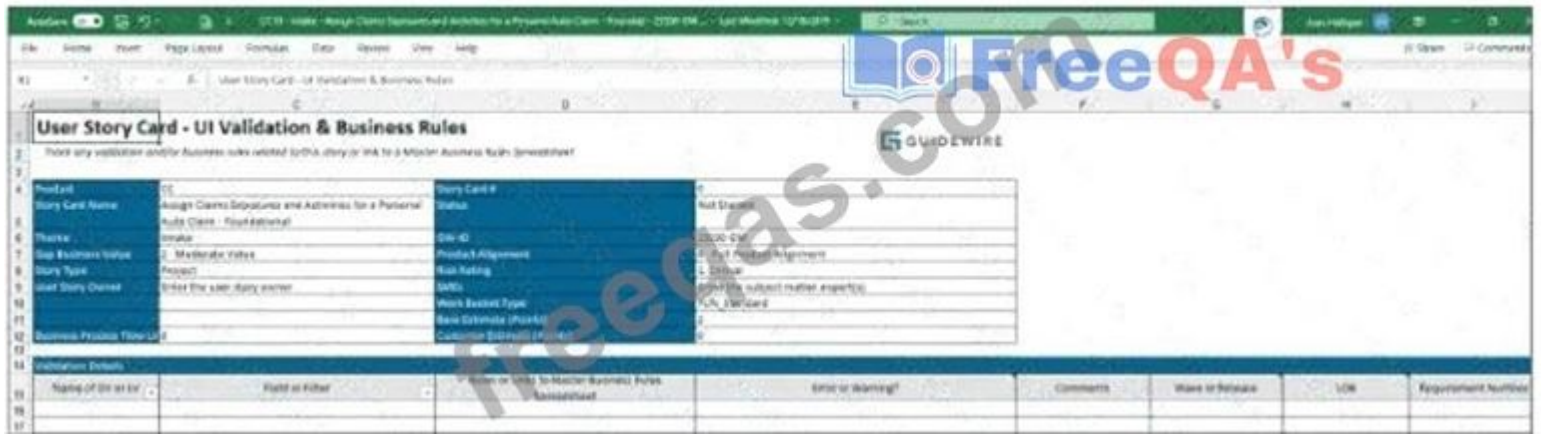
NEW QUESTION: 16
Under the Travel loss type, Succeed Insurance offers personal travel policies as part of its travel line of business.
Which two pieces of information in the user interface (UI) will be different for a personal travel claim than for a personal auto or homeowners claim? (Choose two.)
A. The format of the Financial Summary screen

B. Incident types available for recording damage
C. The values displayed in the list of loss causes
D. The values displayed in the list of fault ratings
E. Contact information collected for the insured
Answer: (SHOW ANSWER)
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: 17
Which two actions may the Business Analyst (BA) perform based on the roles and permissions functionality of ClaimCenter? (Choose two.)
A. Define a role that consolidates variable permissions across multiple users into a single set of permissions
B. Create a collection of permissions to simplify the management of large groups of users with the same permissions
C. Design requirements around different authority limits within the customer's organization
D. Establish a best practice which dictates that each user should be given unique permissions to increase the precision of security
Answer: A,B (LEAVE A REPLY)
The Roles and Permissions functionality (part of the Role-Based Access Control or RBAC model) in ClaimCenter is designed to simplify security administration. A Business Analyst utilizes this functionality to define how users access the system.
* Defining Roles (Option A):A "Role" in Guidewire is fundamentally a named container for a set of System Permissions(e.g., claimview, activitycreate). The BA defines a role (like "Adjuster" or

"Supervisor") by consolidating the necessary individual permissions into one single set.
* Simplifying Management (Option B):The primary benefit of this model is efficiency. Instead of assigning 50 individual permissions to 100 different users, the BA/Admin creates a "Collection of permissions" (the Role) and assigns that single Role to the group of users. This simplifies onboarding and maintenance.
Why other options are incorrect:
* Authority Limits (C):While related to security,Authority Limits(financial caps on reserves/payments) are technically distinct from "Roles and Permissions" functionality in the ClaimCenter object model.
Authority is handled via Authority Profiles, whereas Roles handle system access rights.
* Unique Permissions (D):This is the opposite of best practice. Assigning unique permissions to every user creates a maintenance nightmare. The best practice is to use standard Roles.

NEW QUESTION: 18
At Succeed Insurance, new personal auto claims involving a fatality are assigned to a High Complexity Auto group made up of Adjusters with at least eight years of experience dealing with the issues and emotions commonly found in claims involving fatalities. Fatality claims typically take 18 to 24 days to complete. The assigned Business Analyst (BA) will document the assignment rule for this requirement in User Story Card Assign Claims Exposures and Activities for a Personal Auto Claim - Foundational. The existing tab UI Validation & Business Rules shown below is not a good fit for assignment rules, so a new tab will be added to the Story Card.



Which two sets of columns should the new tab include to accurately capture the assignment rule requirements? (Choose two.)
A. Name of DV or LV, Field or Filter, Rules or Links to Master Business Rules Spreadsheet
B. Global Assignment Rule, Default Group Assignment Rule, Exit Type
C. Error or Warning?, Base Product/New/Modified, Acceptance Criteria
D. Entity, Line of Business, Rule Conditions, Rule Actions
E. Comments, Wave or Release, Requirement Number
Answer: (SHOW ANSWER)
When documenting Assignment Rules (or any business logic) in a User Story Card or a separate Business Rules spreadsheet, the Business Analyst must capture specific metadata that allows developers to implement the logic correctly in Gosu (Guidewire's programming language).
* Option D (Entity, Line of Business, Rule Conditions, Rule Actions):This is the core logical definition of the rule.
* Entity:Defines what object is being assigned (e.g., Claim, Exposure, Activity).
* Line of Business:Specifies the scope (e.g., Personal Auto).
* Rule Conditions:Captures the "IF" logic (e.g., "IF Loss Cause = Fatality AND LOB = Personal Auto").
* Rule Actions:Captures the "THEN" logic (e.g., "THEN Assign to Group: High Complexity Auto").
* This structure mimics the actual implementation pattern in Guidewire Studio (Rule Sets).

* Option E (Comments, Wave or Release, Requirement Number):These are standard project management and traceability columns required foranyrequirements artifact.
* Requirement Number:Links the specific rule row back to the high-level business requirement.
* Wave or Release:Indicates when this specific rule needs to be deployed.
* Comments:Provides context or clarification for the developer.
Why other options are incorrect:
* Option A:These columns ("Name of DV or LV", "Field or Filter") are specific toUI Validation(the tab currently shown in the image). They describe screen widgets and validation errors, not backend assignment logic.
* Option B:While "Global Assignment Rule" and "Default Group Assignment Rule" are valid Guidewire concepts, listing them ascolumnsis not the standard way to document a list of requirements. Usually, the ruletypewould be a single column, but "Exit Type" is a technical implementation detail (part of the rule set execution) rather than a business requirement column.
* Option C:"Error or Warning?" is specific to Validation Rules (stopping a user from proceeding), not Assignment Rules (routing a work item).
Next Step:Would you like me to generate a sample "Assignment Rule" table structure that shows exactly how this Fatality claim rule would be entered into the columns described in Option D?