Guidewire.ClaimCenter-Business-Analysts.v2026-03-02.q25

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NEW QUESTION: 1
A Business Analyst (BA) noticed that one of the User Story Card files for the project indicated that it had recently been modified. The BA wanted to see who changed it, what was changed, and why it was changed.
Where on the Story Card can the BA go to determine the changes recently made to it?
A. Go to File > Properties
B. Go to the Action Items tab > Description > Resolution/Comments
C. Go to the Document Control tab > Amendment History
D. Go to the UI Fields tab > New or Modified fields
Answer: C (LEAVE A REPLY)
In the standard Guidewire User Story Card template (an Excel-based tool used for requirements gathering), version control is manually tracked to ensure auditability and clarity among the project team.
* Document Control Tab (Option C):This is typically the first tab in the Story Card workbook. It contains a section specifically forAmendment History(or Revision History).
* Content:This section is designed to capture:
* Who:The author of the change.
* When:The date of the change.
* What/Why: A description of the modification (e.g., "Updated Acceptance Criteria based on Workshop feedback").
This provides the specific "Who, What, and Why" requested in the scenario.
Why other options are incorrect:
* File > Properties (A):This is standard Excel metadata. It shows the "Last Modified By" user and date, but it cannot explainwhatspecific cells were changed orwhy(the business context).
* Action Items (B):This tab tracks open questions or tasks, not the revision history of the document requirements.

* UI Fields (D):This tab tracks the requirements for screen fields, but does not serve as a changelog for the entire document.

NEW QUESTION: 2
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. Approval routing rules
B. TransactionSet validation rules
C. Transaction approval rules
D. Authority limits
Answer: (SHOW ANSWER)
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 themethodof payment, not just the amount), aTransaction Approval Ruleis 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 determinewhoreceives 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: 3

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: (SHOW ANSWER)
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: 4

Why are unique requirement numbers so important for business analysis?
A. Requirement numbers are not absolutely necessary but they make it easier to trace changes that occur.
B. Requirement numbers are specific to the document control portion of the Story Card and allow the analyst to trace who did what and when.
C. Requirement numbers are useful for technical support and allow customers to track back on root causes for a support ticket.
D. Requirement numbers organize requirements with a unique ID and provide a standardized order for insertion of new requirements.
Answer: C (LEAVE A REPLY)
Traceability is the primary driver for assigning unique identification numbers to every business requirement.
* Root Cause Analysis (Option C):Throughout the software development lifecycle (SDLC), a requirement flows from the Business Analyst (User Story) to the Developer (Code) and the Tester (Test Case). When a defect is found in production (a support ticket), the unique requirement number allows the team to trace the issue backward. They can determine if the defect was caused by a coding error (Requirement was right, code was wrong) or a requirements gap (Code met the requirement, but the requirement was wrong). This link "back to the root cause" is critical for quality assurance and continuous improvement.
Why other options are incorrect:
* A:Unique IDsareconsidered absolutely necessary in formal agile methodologies (like the one used by Guidewire) for traceability matrices.
* B:Document control tracks thefilehistory, not the granular requirement history.
* D:While IDs do organize data, their function in "standardized order for insertion" is administrative and secondary to the strategic value of traceability described in Option C.

NEW QUESTION: 5
A Business Analyst (BA) has identified a new typecode essential for Succeed Insurance implementation.
During adjudication, Adjusters need to be able to update the loss cause value to reflect the new typecode.
Which tabs in a Guidewire Story Card should be used to document the business requirement?
A. Change Summary, UI Fields, Typelist, Action Items, and Business Acceptance
B. Document Control, UI Mockup, UI Fields, Typelist, and Business Acceptance
C. Change Summary, UI Mockup, UI Fields, Typelist, and Action Items
D. Document Control, UI Mockup, Typelist, Action Items, and Business Acceptance
Answer: B (LEAVE A REPLY)
To fully document a requirement that involves both a User Interface change (updating a value on a screen) and a Data Model change (adding a new typecode), the standard Guidewire Story Card tabs required are:

* Document Control:Captures the metadata (Author, Version, Owner) to track the requirement's history.
* UI Mockup:visually illustrateswhereon the screen the "Loss Cause" field is located and how the dropdown should appear to the Adjuster.
* UI Fields:Defines the specific behavior of the field (e.g., Is it mandatory? Is it editable during adjudication? What is the label?).
* Typelist:This is critical for this specific scenario. It lists the actual Code, Name, and Description of the new typecodebeing added to the "Loss Cause" typelist.
* Business Acceptance:Defines the testable criteria (Acceptance Criteria) to verify that the adjuster can successfully select the new value and save the claim.
Why Option B is correct:It is the only option that includesboththe visual requirements (Mockup/Fields) and the data requirement (Typelist) alongside the standard control and testing tabs (Document Control/Business Acceptance).

NEW QUESTION: 6
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. Lead an elaboration workshop with the customer and follow up to identify next steps.
B. Recommend existing base product features and functionality to expedite the implementation.
C. Author user stories following the elaboration workshops and identify acceptance criteria.
D. Identify changes to the line of business typelists and determine the correct data mapping.
Answer: (SHOW ANSWER)
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) areoutputsortasksthat occurafter the requirements have been determined and the solution approach (Standard vs. Custom) has been agreed upon.

NEW QUESTION: 7
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: 8
During claim intake and adjudication, Adjusters capture contact information for the insured and all claimants.
To improve customer service and reduce the time required to reach these contacts to gather additional claim information, Succeed Insurance will capture the preferred contact method for all person contacts. The new field will be added to the contact details screen of the user interface (UI) as a drop-down list displaying all valid contact methods including email, mail, and phone.
Which version correctly lists the preferred contact methods in the Typelists tab of the Parties Involved User Story Card?

Functional Details

Name of Typelist	New, Modified	Code	Typecode Name	Typecode Name (Locale)	Typecode Description	Typecode Description (Locale)	Priority	Retired
PreferredContactMethod	Modified	PreferredContactMethod	Email		Email		0	FALSE
PreferredContactMethod	Modified	PreferredContactMethod	Mail		Mail		0	FALSE
PreferredContactMethod	Modified	PreferredContactMethod	Phone		Primary Phone		0	FALSE

Functional Details

Name of Typelist	New, Modified	Code	Typecode Name	Typecode Name (Locale)	Typecode Description	Typecode Description (Locale)	Priority	Retired
PreferredContactMethod	Modified	email	Email		Email		0	FALSE
PreferredContactMethod	Modified	mail	Mail		Mail		0	FALSE
PreferredContactMethod	Modified	phone	Phone		Primary Phone		0	FALSE

Functional Details

Name of Typelist	New, Modified	Code	Typecode Name	Typecode Name (Locale)	Typecode Description	Typecode Description (Locale)	Priority	Retired
PreferredContactMethod	New	PreferredContactMethod	Email		Email		0	FALSE
PreferredContactMethod	New	PreferredContactMethod	Mail		Mail		0	FALSE
PreferredContactMethod	New	PreferredContactMethod	Phone		Primary Phone		0	FALSE

Functional Details

Name of Typelist	New, Modified	Code	Typecode Name	Typecode Name (Locale)	Typecode Description	Typecode Description (Locale)	Priority	Retired
PreferredContactMethod	New		Email		Email		0	FALSE
PreferredContactMethod	New		Mail		Mail		0	FALSE
PreferredContactMethod	New		Phone		Primary Phone		0	FALSE

A. Option A
B. Option B
C. Option C
D. Option D
Answer: B (LEAVE A REPLY)
To correctly document a Typelist in a User Story Card, the Business Analyst must understand both the data structure (Codes vs. Names) and the configuration state (New vs. Modified).
* Code Validity:In Guidewire, aTypecode(the value stored in the database) must be a unique identifier for each option in the list.
* Option Bcorrectly lists distinct codes: email, mail, and phone.

* Options A and Care incorrect because they list theTypelist Name(PreferredContactMethod) as the Codefor every single row. You cannot have multiple entries with the same primary key (Code) in one list.
* Configuration State (New vs. Modified):The PreferredContactMethod typelist is a standardBase Productfeature in Guidewire ClaimCenter. It already exists out-of-the-box.
* Option Bcorrectly identifies the Status as"Modified". When you add values to or configure an existing base typelist, you document it as "Modified".
* Option Dis incorrect because it lists the Status as"New". This would imply creating a brand new custom typelist (e.g., MyCustomList_Ext), which is not necessary for standard contact methods.
Therefore,Option Bis the only version that has valid, unique codes and the correct configuration status.

NEW QUESTION: 9
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: (SHOW ANSWER)
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: 10
To optimize business process workflow, an insurer has spent a great deal of effort on estimating the amount of effort required to complete various types of work... They are also aware that certain situations may require specialized expertise and want to incorporate this in their decision making. All claims and exposures are entered using only the ClaimCenter new claim wizard. Once entered, the work should be automatically distributed fairly to those properly suited, as determined by the company's knowledge of each worker's skill set.
Which two assignment mechanisms, alone or together, will achieve their goal? (Choose two.)
A. Round-robin
B. User attribute
C. FNOL queues
D. Weighted workload
E. Supervisor assignment
Answer: B,D (LEAVE A REPLY)
To meet the dual requirements of "specialized expertise" and "fair distribution based on effort," the Business Analyst should utilize User Attributes and Weighted Workload assignment rules.
* User Attributes (Option B):This feature handles the "specialized expertise" requirement. Administrators can tag users with specific attributes (e.g., "Bilingual," "Heavy Equipment Expert," "Litigation Specialist"). Assignment rules can then be configured to filter the pool of potential assignees toonlythose who possess the matching attribute for the specific claim type.
* Weighted Workload (Option D):This feature handles the "fair distribution" and "amount of effort" requirement. Unlike Round-robin (which treats all claims as equal), Weighted Workload assigns a "weight" (effort points) to the claim and tracks the "load factor" (current capacity) of the user. The system assigns the new work to the user with the lowest relative workload, ensuring that adjusters handling difficult, high-effort claims are not overwhelmed with the same volume as those handling simple claims.
Why other options are incorrect:
* Round-robin (A):Distributes work purely cyclically (1-2-3-1-2-3) without regard for the user's current workload or the complexity of the claim.
* FNOL Queues (C):This is a "pull" mechanism where work sits in a bucket until someone grabs it, rather than the "automatic distribution" (push) requested.
* Supervisor Assignment (E):This is manual, not automatic.

NEW QUESTION: 11
Which set of three objects is required to create a liability exposure?
A. Claimant, Incident, Reserve Line

B. Claimant, Coverage (type and subtype), Incident
C. Coverage (type and subtype), Incident, Reserve Line
D. Claimant, Coverage (type and subtype), Reserve Line
Answer: B (LEAVE A REPLY)
In the Guidewire ClaimCenter object model, a Liability Exposure represents a specific potential financial obligation to a third party. To successfully instantiate (create) a new exposure record, the system requires three fundamental data associations to define "Who, What, and How":
* Claimant:The specific person or entity seeking compensation (the "Who"). Every exposure must be linked to a contact designated as the claimant.
* Coverage (Type and Subtype):The specific contractual provision from the policy that applies to the loss (the "How"). The exposure must link back to a valid coverage on the verified policy to confirm the insurer is liable.
* Incident:The specific details of the event or damage (the "What"). In ClaimCenter, anIncidentis a distinct object (e.g., Vehicle Incident, Injury Incident) that captures the facts of the loss. Multiple exposures can link to the same incident (e.g., Bodily Injury and Property Damage exposures both linking to the same Vehicle Incident), but every exposure requires one underlying incident to define the scope of the damage.
Why other options are incorrect:
* Reserve Line (A, C, D):A Reserve Line is a financial accounting object createdafterthe exposure exists to set aside funds. It is a child object of the exposure, not a prerequisite for creating the exposure itself.

NEW QUESTION: 12
Drivers for Rideshare companies need insurance that provides protection when they are driving the vehicle for personal reasons. This will be the Succeed Insurance standard Personal Auto Policy. However, they also need insurance to protect them from the increased risks associated with working as a Rideshare Driver. This would include when they are logged in to the Rideshare application waiting for a customer match, on their way to pick up a customer, but not when a customer has entered the vehicle.
When a driver is working as a Rideshare Driver, this new Rideshare coverage will protect them from the following types of risks, and there is a need to be able to collect the appropriate information about the losses:
. Injury to a first-party driver
. Damaged personal property of the third-party passengers
Which two exposures need to be configured? (Choose two.)
A. Rideshare Liability Personal Injury Protection
B. Rideshare Personal Property Protection
C. Rideshare Medical Payments
D. Rideshare Liability Under Insured Motorist
E. Rideshare Liability Bodily Injury
Answer: B,C (LEAVE A REPLY)

250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation: To satisfy the requirements for the new "Rideshare" coverage product, the Business Analyst must map the described risks to the correct Exposure Types in the ClaimCenter data model.
* Risk: Injury to a first-party driver:In insurance terminology, "First Party" refers to the insured (the driver). Coverage for injuries sustained by the driver themselves is typically handled byMedical Payments(MedPay) or Personal Injury Protection (PIP). Among the choices provided,Rideshare Medical Payments (Option C)is the correct exposure type to cover medical costs for the driver regardless of fault. (Option E, Liability Bodily Injury, would cover injuries toothersthat the driver hit).
* Risk: Damaged personal property of third-party passengers:This refers to liability for damage to property belonging to others. While typically "Property Damage Liability," the specific option provided that fits this description isRideshare Personal Property Protection (Option B). This exposure would be configured to capture details about the damaged items (e.g., luggage, electronics) belonging to the passengers.
Why other options are incorrect:
* Option E (Liability Bodily Injury):This is for Third Party injuries (e.g., pedestrians or people in other cars), not the First Party driver.
* Option D (Under Insured Motorist):This applies when the Rideshare driver is hit by someone else who doesn't have enough insurance. The prompt focuses on the risksofthe driver working, not the financial failure of others.

NEW QUESTION: 13
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: 14
When capturing information about a damaged vehicle, Succeed Insurance requires that the total distance driven (miles/km) for the vehicle be captured as well. What is the best practice for a Business Analyst (BA) to determine if ClaimCenter already has a field to capture distance driven?
A. Log in to ClaimCenter and review the Vehicle Incident screen to see if there is a relevant field.
B. Check the full view of the Data Dictionary to see if a relevant field exists on the Vehicle entity.
C. Review the Guidewire ClaimCenter Application Guide for information on creating a vehicle incident.
D. Start Guidewire Studio, search for a Vehicle Incident screen and review it for a relevant field.
Answer: B (LEAVE A REPLY)
The Data Dictionary is the definitive reference tool for Business Analysts to explore the data model of a Guidewire application.
* Best Practice:To determine if a specific data point (like "distance driven" or "odometer reading") exists in the system's schema, the BA should consult theData Dictionary. This auto-generated documentation lists all entities (such as Vehicle or VehicleIncident) and their associated fields (columns), along with data types and descriptions. This confirms existence even if the field is not currently exposed on the user interface.
* Why Option B is better than A:Checking the UI (Option A) is unreliable because a field may exist in the database but be hidden, disabled, or not placed on the specific screen the BA is viewing.
* Why Option B is better than C:The Application Guide (Option C) describes standard features and workflows but does not provide a granular, technical list of every database column, nor does it reflect any custom schema extensions added by the implementation team.
* Why Option B is better than D:While Guidewire Studio (Option D) is a powerful tool thatcanverify this, it is primarily a developer environment. For a Business Analyst, the Data Dictionary is the intended, accessible "Source of Truth" artifact for data modeling questions without requiring IDE access or technical code navigation.

NEW QUESTION: 15
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 the Ability to pay validation level.
B. Create a Validation rule enforcing the New loss completion validation level.
C. Create a Validation rule enforcing a new custom Validation level for mechanical requirements.
D. Create a Validation rule enforcing the Load and save validation level.
Answer: B (LEAVE A REPLY)
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 createdwithoutthe 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: 16
An Adjuster at Succeed Insurance is handling a homeowners claim with a dwelling exposure for damage to the insured's home. The Adjuster's Authority Limit Profile has the following limits:

Limit Type	Policy Type	Coverage Type	Cost Type	Amount
Claim total reserves				$15,000
Payments exceed reserves				$1,000
Payment amount			Claim Cost	$5,000
Payment amount			Expense - A&O	$500

The table below is a view of the property claims organization within Succeed Insurance. The Adjuster is a member of the group Property - Team A.

Group	Parent Group	Supervisor
Succeed Insurance		Supervisor A
Western Regional Claims Center	Succeed Insurance	Supervisor B
Western Property Group	Western Regional Claims Center	Supervisor C
Property - Team A	Western Property Group	Supervisor D
Property - Team B	Western Property Group	Supervisor E

The Adjuster creates a payment in the amount of $6,500 for repairs to the insured's home. How will it be processed assuming that the claim has sufficient reserves for the payment?

A. The payment requires approval. An approval activity will be generated and routed to Supervisor C.

B. The payment requires no approval. It will be processed and issued to the insured.

C. The payment requires approval. An approval activity will be generated and routed to Supervisor A.

D. The payment requires approval. An approval activity will be generated and routed to Supervisor D.

Answer: D (LEAVE A REPLY)

This scenario involves checking financial Authority Limits and determining the correct Approval Routing hierarchy in Guidewire ClaimCenter.

* Check Authority Limits:First, compare the transaction amount against the user's specific limits.
* The payment is for "repairs to the insured's home," which is classified asClaim Cost(Indemnity).
* According to the provided Authority Limit Profile, the Adjuster has a "Payment amount" limit of $5,000for Claim Cost.
* The transaction amount is$6,500.
* Since$6,500 > $5,000, the limit is exceeded, meaning the paymentrequires approval(Ruling out Option B).
* Determine Routing:When a financial transaction requires approval, ClaimCenter routes the approval activity to the supervisor of the group to which the user belongs.
* The Adjuster is a member ofProperty - Team A.
* According to the Organization chart provided, the Supervisor for "Property - Team A" is Supervisor D.
* Therefore, the system will generate an approval activity and assign it specifically to Supervisor D). Supervisor C is the manager of theparentgroup (Western Property Group), so the activity would only go to them if Supervisor Dalsolacked the authority to approve the $6,500, requiring further escalation. However, the initial routing is always to the immediate supervisor.

Why other options are incorrect:

* Option A:Supervisor C is the "Grand-boss" (Supervisor of the parent group), not the immediate supervisor.
* Option B:The amount ($6,500) clearly exceeds the defined limit ($5,000), so automatic processing is impossible.
* Option C:Supervisor A is at the top of the hierarchy (Succeed Insurance), far removed from the initial approval step.

NEW QUESTION: 17
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: 18
Succeed Insurance needs the ability to associate a primary hospital with an injury incident if the injured party received treatment. When treatment is needed, the primary hospital name should display on the injury incident screen along with other details about the injury and treatment received.
The primary hospital should be added to the injury incident in one of the following ways:
. Select the name from a list of medical care organizations already associated with the claim.
. Enter the contact details directly in the incident.
. Search the Address Book from the incident to locate a hospital.
Which two requirements must be documented to associate the primary hospital with the claim? (Choose two.)
A. A new Hospital contact subtype
B. A new primary hospital role
C. A new field on the incident screen to add a contact with a role
D. A new field in the Address Book to identify a vendor as a hospital
Answer: B,C (LEAVE A REPLY)
To implement the functionality of associating a specific contact (the "Primary Hospital") with an entity (the
"Injury Incident") in Guidewire ClaimCenter, two core configuration components are required:
* A new primary hospital role (Option B):In ClaimCenter, the relationship between a Contact and a Claim (or Incident) is defined by aRole. While the contact itself might be a "Medical Care Organization" (existing subtype), thecontextof its relationship to this specific incident is that it is the

"Primary Hospital". Defining this role allows the system to distinguish this hospital from other medical providers on the same claim.
* A new field on the incident screen (Option C):To allow the user to select, add, or view this contact, a UI element (specifically aClaim Contact Pickeror Input widget) must be added to the Injury Incident screen. This field will be configured to store the relationship and allows the user to perform the required actions: selecting from existing contacts (filtered by the role), entering new ones, or searching the Address Book.
Why other options are incorrect:
* A (New Subtype):The base product already includes the MedicalCareOrg contact subtype, which is sufficient to store hospital data. Creating a new subtype is unnecessary unless the data structure (fields) of a hospital is fundamentally different from other medical providers.
* D (Address Book Field):Contacts in the Address Book are typically identified by tags or their Subtype, not by adding a custom field just to identify them as a vendor/hospital.

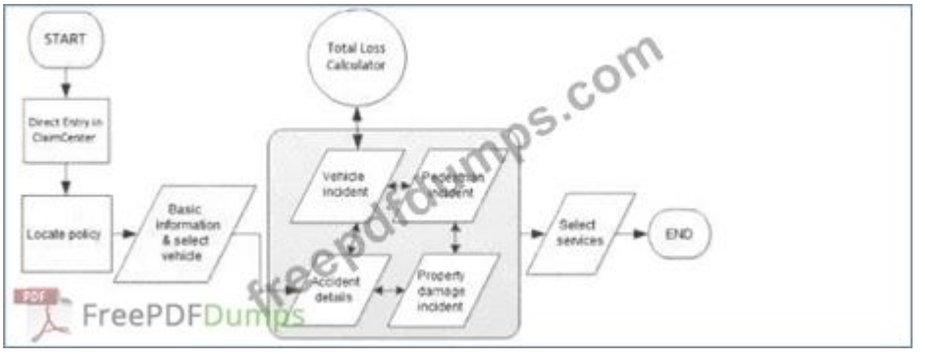
NEW QUESTION: 19
An Adjuster at Succeed Insurance creates a check with a partial payment of $1,200 for medical expenses payable to a claimant who was injured in a collision. The check has completed the following processing steps:
. The payment exceeded the Adjuster's authority limits, changing the status to Pending Approval.
. The Adjuster's supervisor reviewed and approved the payment, changing the status to Awaiting Submission.
. A batch process sent the check to the external check processing system, changing the status to Requested when ClaimCenter received an update from the external system.
The Adjuster received new information indicating that the check amount should be reduced to $950.
Which action should the Adjuster take?
A. Edit the check and change the amount, then submit it for processing.
B. Ask the bank to hold the check and create a new check for the correct amount.
C. Stop the check and create a new check for the correct amount.
D. Void the check and create a new check for the correct amount.
Answer: (SHOW ANSWER)
250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:
In the lifecycle of a check within Guidewire ClaimCenter, the Requested status indicates that the payment instruction has been successfully handed off to the downstream check writing or electronic funds transfer system. Once a check reaches this status, it is considered a committed financial transaction and is locked from further editing.
* Why Option A is incorrect:You cannot edit a check that is in "Requested" status. The "Edit" button will likely be disabled or the fields locked because the data has already left the system.
* Why Option C is incorrect:A "Stop" payment is typically reserved for scenarios where a physical check has been lost, stolen, or destroyedafterit was printed and mailed. While a Stop Payment does prevent the check from being cashed, it is a specific banking process often involving fees.

* Why Option D is Correct:To correct an administrative error (such as the wrong amount) for a check that has been processed but not yet negotiated (cashed), the standard procedure is toVoidthe check.
Voiding the check in ClaimCenter performs two critical functions:
* It reverses the financial T-accounts (reserves and payments) associated with the transaction, ensuring the claim financials are accurate.
* It updates the status to "Voided," effectively cancelling the payment in the system.
After voiding the incorrect check ($1,200), the Adjuster must then create anew checkfor the correct amount ($950) to pay the claimant.

NEW QUESTION: 20
An Adjuster at Succeed Insurance increases the reserve on a claim's exposure from $1,000 to $1,500 to account for inflation in repair costs. A week later, a Supervisor reviews the claim and wants to know specifically who made this change, the exact date and time it was made, and what the previous value was.
The Supervisor needs a chronological audit trail of changes to the claim file without navigating through complex financial ledgers.
Which screen in the ClaimCenter user interface should the Supervisor access to find this information?
A. Financials > Transactions
B. History
C. Notes
D. Loss Details > Status
Answer: B (LEAVE A REPLY)
In Guidewire ClaimCenter, the History screen serves as the automated audit trail for the claim file. It is designed to capture and display a chronological list of significant events and user actions that have occurred throughout the claim's lifecycle.
* Audit Trail Functionality:The History screen automatically records specific types of events, including:
* Field Changes:When critical fields (like Reserve Amounts) are modified, the system logs the "Old Value" and the "New Value."
* Assignment Changes:Tracks when the claim was transferred from one user to another.
* Rule Execution:Logs when specific business rules (like "Exception Flagged") are triggered.
* Data Points:For each entry, the History screen displays theUserwho performed the action, the Timestampof the event, and aDescriptionof the change.
Why other options are incorrect:
* Financials > Transactions (A):While this screen shows the financial T-account entries (debits/credits) for the reserve increase, its primary purpose is accounting analysis. It is less efficient for a supervisor looking for a simple "Who/When/What" audit trail compared to the History screen.

* Notes (C):Notes are typically used for qualitative narratives and manual entry. While a system notecan be generated for a reserve change, the History screen is the dedicated, non-editable system of record for tracking field changes.
* Loss Details > Status (D):This screen shows thecurrentstate of the claim (e.g., Open, Closed, Litigation Status) but does not provide a historical log of previous values or the specific user actions that led to the current state.

NEW QUESTION: 21
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 after the Vehicle Incident step to create the history event.
B. Add a new step before the Total Loss Calculator 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 Vehicle Incident step to create the history event.
Answer: C (LEAVE A REPLY)
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 theTotal Loss Score. In the context of the ClaimCenter object model and process flow, the Total Loss Score is anoutputvalue generated specifically by theTotal Loss Calculatorengine. 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 placedafterthe step that generates the data it needs to record.
* Process Logic:If the Business Analyst were to place the history event creation stepbeforethe Total Loss Calculator (Option B) orbeforethe 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 Cis 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).

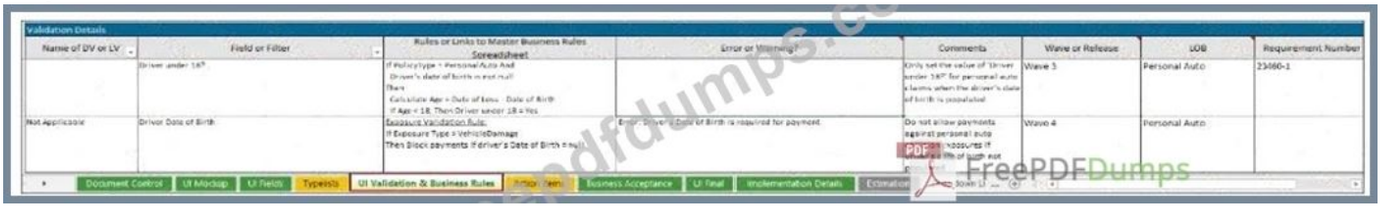
NEW QUESTION: 22
Succeed Insurance has a requirement to add a new high-risk indicator to the Claim Status screen for property claims that have a lien on the property. A new icon will be added to the configuration to provide a visual indicator making it easier for Adjusters and other ClaimCenter users 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: 23
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. Actions
B. TriggerEntity
C. RuleCondition
D. AppliesTo
Answer: A (LEAVE A REPLY)
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 thetrigger("when they are entered"), the intent/condition("resulting from the storm"), and theparametersof the resulting activity (Target: 3 days, Escalation: 5 days). However, it fails to specify theActiondetails required to execute the rule:
specifically,whothe activity should be assigned to (The Assignee) and the specific instruction tocreate 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 "whenthey[claims] are entered").
* RuleCondition (C):While "resulting from the storm" is vague, it represents the business condition. TheAction(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: 24
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: 25
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 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: C,D (LEAVE A REPLY)

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.