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## Free PDF 2026 Guidewire ClaimCenter-Business-Analysts –Professional Certification Exam

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

### NEW QUESTION # 38

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 Medical Payments**
- **B. Rideshare Personal Property Protection**
- C. Rideshare Liability Under Insured Motorist
- D. Rideshare Liability Bodily Injury
- E. Rideshare Liability Personal Injury Protection

**Answer: A,B**

Explanation:

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 by Medical 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 to other than 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 is Rideshare 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 risk of the driver working, not the financial failure of others.

### NEW QUESTION # 39

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. Supervisor assignment
- **B. User attribute**
- C. Round-robin
- D. FNOL queues
- **E. Weighted workload**

**Answer: B,E**

Explanation:

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 to only those 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 # 40

Which two components are necessary to create the check(s) using the wizard? (Choose two.)

- A. Date of the claim
- B. Payee
- C. Payment tied to a reserve line
- D. Payment tied to an activity

**Answer: B,C**

Explanation:

The Check Wizard in Guidewire ClaimCenter enforces strict financial integrity rules. To successfully create a check, the user must define the source of funds and the recipient.

\* Payment tied to a Reserve Line (Option A):Every payment must be allocated to a specific Reserve Line (combination of Exposure, Cost Type, and Cost Category). This ensures that the payment consumes the correct financial reserves and maps to the correct coverage on the policy. You cannot create a "floating" payment; it must be tied to a reserve line.

\* Payee (Option C):A check is a legal instrument that must be payable to a specific entity. Selecting a Payee (from the claim contacts) is a mandatory step in the wizard.

Why other options are incorrect:

\* B (Activity):While payments can be linked to activities (e.g., Service Requests), it is optional. Most indemnity payments are made directly without an underlying activity.

\* D (Date of claim):The Loss Date is a property of the claim, but it is not a component selected or created during the check wizard process. The relevant dates in the wizard are the "Service Period" or "Scheduled Send Date."

#### NEW QUESTION # 41

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 field in the Address Book to identify a vendor as a hospital
- B. A new field on the incident screen to add a contact with a role
- C. A new Hospital contact subtype
- D. A new primary hospital role

**Answer: B,D**

Explanation:

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 a Role. While the contact itself might be a "Medical Care Organization" (existing subtype), the context of 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 a Claim Contact Picker or 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 # 42

Under the Travel loss type, Succeed Insurance offers personal travel policies as part of its travel line of business.

Which two pieces of information in the user interface (UI) will be different for a personal travel claim than for a personal auto or homeowners claim? (Choose two.)

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

**Answer: A,D**

Explanation:

Guidewire ClaimCenter is designed to support multiple Lines of Business (LOB), and the User Interface adapts dynamically based on the policy type associated with the claim.

\* Incident Types (Option B):The "Incident" is the object that describes what was damaged or lost.

\* ForAuto, the UI displaysVehicle Incidents(describing cars).

\* ForHomeowners, the UI displaysDwellingorFixed Property Incidents.

\* ForTravel, the UI will display distinct incident types such asBaggage Incident(for lost luggage) orTrip Cancellation Incident. These are fundamentally different data objects with different fields.

\* Loss Causes (Option C):The LossCause typelist is filtered by the Line of Business.

\* Autoclaims show causes like "Collision," "Rear-end," or "Theft of Vehicle."

\* Travelclaims will show completely different values such as "Trip Delay," "Lost Baggage,"

"Medical Emergency," or "Cancellation."

Why other options are incorrect:

\* Financial Summary (A):The structural format of the Financial Summary screen (displaying Reserve Lines, Payments, and Remaining Reserves) is a core system framework that remains consistent across all lines of business.

\* Contact Information (E):The Contact entity (Name, Address, Phone) is a shared entity. The fields used to capture a person's details are generally the same whether they are a driver, a homeowner, or a traveler.

#### NEW QUESTION # 43

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