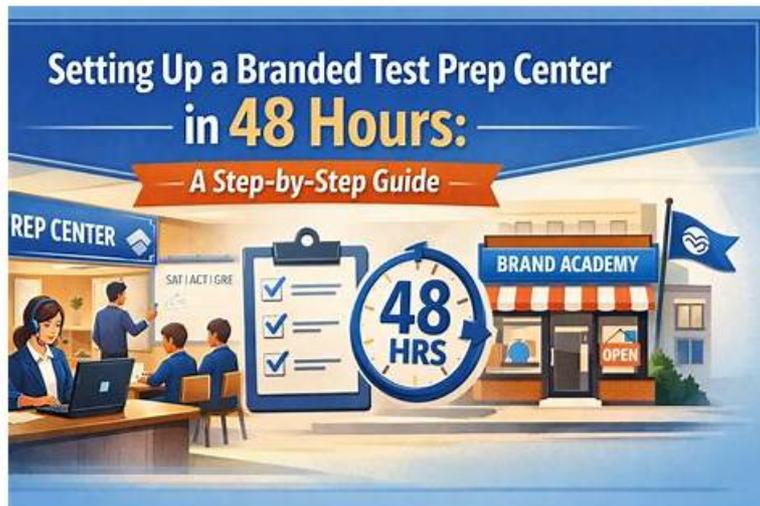


ClaimCenter-Business-Analysts Latest Test Preparation | Test ClaimCenter-Business-Analysts Assessment



P.S. Free 2026 Guidewire ClaimCenter-Business-Analysts dumps are available on Google Drive shared by BraindumpsPrep: <https://drive.google.com/open?id=1hQEbWlvdDpETTHRj8vxZE-VCeNz66NFx>

The BraindumpsPrep is one of the most in-demand platforms for Guidewire ClaimCenter-Business-Analysts exam preparation and success. The BraindumpsPrep is offering valid, and real Guidewire ClaimCenter-Business-Analysts exam dumps. They all used the Guidewire ClaimCenter-Business-Analysts exam dumps and passed their dream Guidewire ClaimCenter-Business-Analysts Exam easily. The Guidewire ClaimCenter-Business-Analysts exam dumps will provide you with everything that you need to prepare, learn and pass the difficult Guidewire ClaimCenter-Business-Analysts exam.

Guidewire ClaimCenter-Business-Analysts Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> InsuranceSuite Analyst Fundamentals: This domain covers InsuranceSuite platform fundamentals including user interface, data model, application logic, integration mechanisms, and hands-on workshop exercises for practical application.
Topic 2	<ul style="list-style-type: none"> Claim Center Financials Transactions: This section covers financial controls including payment approvals and holds, contact and vendor management, service request handling, and security framework with permissions and access control lists.
Topic 3	<ul style="list-style-type: none"> Claim Processes and Maintenance: This section focuses on end-to-end claims processes, organizational structure setup, line of business coverage configuration, claim intake procedures, and ongoing claim maintenance activities.
Topic 4	<ul style="list-style-type: none"> Behavior Driven Development at Guidewire: This section introduces BDD methodology and its application in Guidewire implementations, focusing on collaborative development approaches and writing clear, testable requirements using BDD principles.
Topic 5	<ul style="list-style-type: none"> Claim Center Data Model and Adjudication: This domain examines ClaimCenter's data model architecture, claim setup, adjudication processes, financial terminology and concepts, and payment creation procedures.

>> ClaimCenter-Business-Analysts Latest Test Preparation <<

100% Pass Guidewire - ClaimCenter-Business-Analysts - Accurate

ClaimCenter Business Analyst - Mammoth Proctored Exam Latest Test Preparation

In order to further strengthen your confidence to buy the ClaimCenter-Business-Analysts Training Materials of us, we offer you 100% money back guarantee in case you fail the exam. The money will be refund to your account and no extra questions will be asked. Additionally, ClaimCenter-Business-Analysts exam braindumps of us have helped many candidates pass the exam successfully with their high-quality. And we have professional technicians examine the update every day, and once we have new version, our system will send the latest version to your email automatically.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam Sample Questions (Q50-Q55):

NEW QUESTION # 50

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. Notes
- C. Loss Details > Status
- **D. History**

Answer: D

Explanation:

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 the User who performed the action, the Timestamp of the event, and a Description of 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 note can 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 the current state 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 # 51

Whenever the Total Loss Calculator determines that a vehicle is a total loss, Succeed Insurance wants to create a custom history event with the exposure name and total loss score.

Which step in the claim setup process flow must be completed before the history event can be created?

- A. Add a new step before the Vehicle Incident step to create the history event.
- **B. Add a new step after the Total Loss Calculator to create the history event.**
- C. Add a new step after the Vehicle Incident step to create the history event.
- D. Add a new step before the Total Loss Calculator to create the history event.

Answer: B

Explanation:

250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:

In Guidewire ClaimCenter workflow analysis and configuration, defining the correct sequence of operations is critically dependent on Data Availability and Data Dependency.

The specific requirement here dictates that the custom history event must capture the Total Loss Score. In the context of the ClaimCenter object model and process flow, the Total Loss Score is an output value generated specifically by the Total Loss Calculator engine. Before this calculator runs, the score attribute is effectively null or non-existent.

Therefore, to satisfy the business requirement, the step that writes the history event must be placed after the step that generates the data it needs to record.

* Process Logic: If the Business Analyst were to place the history event creation step before the Total Loss Calculator (Option B) or before the Vehicle Incident (Option D), the system would attempt to write a record containing a score that has not yet been calculated. This would result in either a system error or a history event with a blank/zero value, failing to meet the business requirement.

* Dependency Chain: The workflow dependency is: Vehicle Data Entry -> Total Loss Calculation -> Score Generation -> History Event Creation.

* Implementation Note: In a typical Guidewire implementation, this logic is often handled via "Event Fired" rules or specific "Exit Points" in the workflow. The system waits for the confirmation that the Total Loss calculation service has successfully returned a result. Once that transaction is committed and the score is persisted on the Vehicle or Exposure entity, the subsequent rule to generate the History Event can trigger successfully.

Consequently, Option C is the only viable placement in the process flow. It ensures that the prerequisite action (calculation) is complete and the required data payload (the score) is available for the subsequent action (logging the history event).

NEW QUESTION # 52

Losses incurred because of an accident with other vehicles can be very large. Because of the risk of large losses, all claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not. The claim must show whether there were passengers in the vehicle at the time of the accident. Succeed wants the ability to include a very detailed description of the loss event information on intake of the claim.

When the claim is created, Succeed wants to flag the claim with a reminder for the Adjuster to contact the insured.

There should be reminders for the Adjuster to complete the following items for every new claim created:

- . Review any photographs of the accident
- . Contact and Interview each passenger
- . Collect statements from each witness
- . Record the vehicle's mileage

Which business requirement is based on assumptions?

- A. There should be reminders for the Adjuster to complete the following items for every new claim created: collect statements from each witness.
- B. There should be reminders for the Adjuster to complete the following items for every new claim created: review any photographs of the accident.
- C. When the claim is created, we want to flag the claim with a reminder for the Adjuster to contact the insured.
- D. All claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not.

Answer: B

Explanation:

In the context of business requirements analysis, an assumption is a statement that is accepted as true or certain to happen without proof.

* Why A is the correct answer: The requirement to generate a reminder to "review any photographs" for every new claim assumes that photographs will be available for every accident. In reality, photos are not always taken or provided at the First Notice of Loss (FNOL). Creating a mandatory task for an optional piece of evidence is based on the assumption of data availability.

* Why D is incorrect: "All claims must include a police report..." is a Business Rule or constraint. It is a mandatory condition imposed by the business ("must include") rather than an assumption about what is currently present.

* Why B is incorrect: Contacting the insured is a standard, universal step in the claims process that applies to every claim, so it is not considered an assumption.

NEW QUESTION # 53

Why are unique requirement numbers so important for business analysis?

- A. Requirement numbers are useful for technical support and allow customers to track back on root causes for a support

ticket.

- 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 organize requirements with a unique ID and provide a standardized order for insertion of new requirements.
- D. Requirement numbers are not absolutely necessary but they make it easier to trace changes that occur.

Answer: A

Explanation:

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 IDs are considered absolutely necessary in formal agile methodologies (like the one used by Guidewire) for traceability matrices.

* B: Document control tracks the file history, 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 # 54

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

Answer: C,E

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.

