



NCCC Notice of Claim Form

Today's Date:	Date of Occurrence:	Time of Occurrence:	
Agent: Legacy Insurance Network 3455 Briargate Blvd. Suite 215 Colorado Springs, CO 80920	Insured: National Council of Corvette Clubs, Inc. 2 Glen Abbey Dr. Rockford, IL 61107	Contact: Name, Address	Contact: Phone #
Policy Number: PHPK1586968	Effective Date: 01/01/2017	Expiration Date: 01/01/2018	

Occurrence Information:

Location of Occurrence (Include City & State):	Authority Contacted:
Description of Occurrence (Please see the next page for additional space)	

Type of Liability

Premises Damage?: Yes or No	Type of Premises:
Vehicle Owners Name & Address:	Claimants Phone #:

Injured/ Property Damage

Name & Address (Injured/Owner):			Phone Number:
Age:	Year/Make/Model/VIN of vehicles involved:	Was injured an NCCC member?	Was Governor Notified?
Describe Injury:		What Was Injured Doing?	
Describe Property Damage:		Estimate Amount:	

Witnesses

Name & Address	Home Phone #	Business Phone #
Remarks:		

Please return all claim forms to Legacy Insurance Network for processing. Fax to 719-388-2075 or email to Tim Gries- Tim@legacyinsurancebroker.com. or mail to- Legacy Insurance 3455 Briargate Blvd. Suite 215 Colorado Springs, CO. 80920 Please contact us at 719-593-5814 for any questions or concerns.

