



## NCCC Notice of Claim

Today's Date:	Date of Occurrence:	Time of Occurrence:	
Agent: Legacy Insurance Network 1827 Briargate Blvd. Colorado Springs, CO 80920 1-719-593-5814	Insured: National Council of Corvette Clubs, Inc. 3115 E. Platte Ave. Colorado Springs, CO 80909 719-641-7275	Carrier: Philadelphia Insurance Company	Contact Name, Address, Phone#:
Policy Number: <b>PHPK662198</b>	Effective Date: 01/01/2012	Expiration Date: 01/01/2013	

### Occurrence Information:

Location of Occurrence (Include City & State):	Authority Contacted:
Description of Occurrence (Please use next page to describe incident)	

### Type of Liability

Premises Damage?: <input type="checkbox"/> Yes <input type="checkbox"/> No Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Other	Type of Premises:
Vehicle Owner's 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: <input type="checkbox"/> Fatality		Where Taken:	What Was Injured Doing?
Describe Property Damage:		Estimate Amount:	Where/When can property be seen?

### Witnesses

Name & Address	Business Phone #	Home Phone #
Remarks:		
Reported by:	Reported To:	

Please return all claim forms to Legacy Insurance Network for processing. You can fax them to 719-388-2075, email them to Autumn Williamson at [awilliamson.MSIGR01@insuremail.net](mailto:awilliamson.MSIGR01@insuremail.net) or mail them to Legacy Insurance Network, 1827 Briargate Blvd, Colorado Springs, CO 80920.



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