



## 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. 618 W Salcedo Rd. Sikeston, MO 63801	Contact: Name, Address	Contact: Phone #
Policy Number: PHPK1754539	Effective Date: 01/01/2018	Expiration Date: 01/01/2019	

**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](mailto: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.**

