



### NCCC Notice of Claim Form

Today's Date:	Date of Occurrence :	Time of Occurrence:	
Agent: Legacy Insurance Network 13540 Northgate Estates Dr . Suite 210 Colorado Springs, CO 80921	Insured: National Council of Corvette Clubs, Inc. 618 W Salcedo Rd . Sikeston, MO 63801	Contact: Name, Address	Contact: Phone #
Policy Number: PHPK2079711	Effective Date: 01/01/2020	Expiration Date: 01/01/2021	

**Occurrence Information:**

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

**Type of Liability**

Premises Damage?: Yes or No	Type of Pr emises:
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 Am ount:	

**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 13540 Northgate Estates Dr. Suite 210 Colorado Springs, CO. 80921 Please contact us at 719-593-5814 for any questions or concerns.

