

**Chubb Agribusiness  
EMPLOYMENT PRACTICES LIABILITY  
SUPPLEMENTAL APPLICATION**

Producer Name:

Applicant Name:

**EMPLOYEE COUNT**

Maximum Total Number of Employees existing at any one point in time with respect to past, present, or prospective calendar year. **Do not include Volunteer Workers, Leased Employees, or Independent Contractors.**

Maximum Total Number of Full-Time Employees \_\_\_\_\_

Maximum Total Number of Part-Time Employees \_\_\_\_\_

Maximum Total Number of Seasonal Employees \_\_\_\_\_

Maximum Total Number of Temporary Employees \_\_\_\_\_

**If total number of employees listed is 51 or greater, also submit completed EPLI Referral Application SUF-18.**

**LIMIT OF LIABILITY/DEDUCTIBLE AMOUNT**

_____ \$100,000	_____ \$ 5,000
	_____ 10,000
	_____ 25,000
_____ \$250,000	_____ \$10,000
	_____ 25,000
	_____ 50,000

**If a Limit of Liability greater than \$250,000 is requested, also submit completed EPLI Referral Application SUF-18.**

Is your headquarters, primary location or mailing address in the State of California?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you have any offices, branches, facilities, plants, or similar business property with employees located in the state of California?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If the answer to either of the above questions is "Yes", also submit completed EPLI Referral Application SUF-18.**