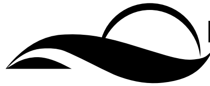
Minnesota Department of Agriculture

625 Robert Street North, St. Paul, MN 55155-2538
www.mda.state.mn.us

Pesticide & Fertilizer Management, Ph: 651-201-6136, Fx: 651-201-6117 Minn. Stat. 18B

Compensation Claim for Loss of Bees and/or Bee Colonies to Pesticide

($100 minimum; $20,000 maximum, claim per beekeeper per fiscal year)

Submit this Form to: Minnesota Department of Agriculture
Bee Kill Compensation Claims
625 Robert St. N., St. Paul, MN 55155-2538

Or: Complete/submit to: Pesticide.Complaints@state.mn.us

Entity Information		**FOR OFFICE USE ONLY**
Entity Name (Print):		**Claim #** ____________
Street Address:		
City:	State:	Zip:
County where incident occurred:		

Are honey bee colony losses covered by insurance? Yes No if yes, policy #:		
Insurance agent name:	Phone:	
Address:		
City:	State:	Zip:

Compensation sought at:

The fair market value for replacing a honey bee colony is annually determined by academic experts and beekeepers. To obtain the current compensation value visit MDA's Compensation Webpage or call (651) 201-6136.

Fair Market Value	Number of Colonies:

If you feel that this value does not accurately reflect the value of a colony lost due to an acute pesticide poisoning, complete the section below. Attach additional forms if needed. Note: all requested upward adjustments will be reviewed by academic experts and beekeepers and are subject to the Minnesota Department of Agriculture Commissioner's approval.

Upward Adjustment #1	**Upward Adjustment #2**	**Upward Adjustment #3**
Number of Colonies:	Number of Colonies:	Number of Colonies:
Value Sought Per Colony: $	Value Sought Per Colony: $	Value Sought Per Colony: $

Reason(s) for upward adjustment

Breeder Queen(s) Killed Other ______________________________

Submit written justification and or receipts to support the upward adjustment(s).

I certify that the information included on this claim is true and accurate; and to the best of my knowledge all honey bee colony losses for which compensation is claimed were the result of acute pesticide poisoning.

Signature: ______________________________ Date: ____________________

THIS PAGE FOR MINNESOTA DEPARTMENT OF AGRICULTURE USE ONLY

CLAIM RECOMMENDED FOR PAYMENT: The above described loss occurred and the evidence indicates the loss of bees, hives, and/or colonies were likely due to an acute pesticide poisoning.	**CLAIM DENIED, BECAUSE:**
Number of colonies in apiary:	Number of colonies affected in apiary:
Description of affected colonies:	

Section A: Determination of Loss and Compensation Amount to be Awarded at the Fair Market Value

Number of Colonies to be Replaced at Fair Market Value	x	Fair Market Value	x	Total
	x	$	x	$

Section B: Determination of Loss and Compensation Amount to be Awarded at Reviewed Upward Adjustment(s)

Upward Adjustment #	Number of Colonies to be Replaced at Upward Adjustment	x	Reviewed Upward Adjustment	=	Total
1		x	$	=	$
2		x	$	=	$
3		x	$	=	$

______________________ + ______________________ = ______________________

Section A Total **Section B Total(s)** **Claim Total**

APPROVAL FOR PAYMENT

Vendor #:	Vendor Location:
PO #:	PO Line:

Claim Total: $
Less Insurance: $
Final Claim Reimbursement Total: $

Authorizing Signature: ____ Date: __________________________

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651/201-6000. TTY users can call the Minnesota Relay Service at 711 or 1-800-627-3529. The MDA is an equal opportunity employer and provider.