

Entity Information

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

Pesticide & Fertilizer Management, Ph: 651-201-6237

Minn. Stat. 18B.005

FOR OFFICE USE ONLY

Compensation Claim Form for Loss of Bees and/or Bee Colonies Due to Acute Pesticide Poisoning

You may be eligible for compensation of the loss of your bees and/or bee colonies if an acute pesticide poisoning occurred. Affected hives must be registered on BeeCheck (www.beecheck.org) to be eligible for compensation. There is a \$100 minimum, \$20,000 maximum, claim per beekeeper per fiscal year. Final determination of eligibility for compensation will be made by the Minnesota Department of Agriculture.

Submit this form to: Minnesota Department of Agriculture

Bee Kill Compensation Claims

625 Robert St. N., St. Paul, MN 55155-2538

Or: Pesticide.Complaints@state.mn.us

Entity Name (Print):										
Street Address:		Claim #								
City:	ty: State:									
County where incident occurred:										
Are honey bee colony losses covered by insurance? Yes No if yes, policy #:										
Insurance agent name:	F	Phone:								
Address:										
City:	State:		Zip:							
Compensation Sought At										
The fair market value for replacing a honey bee colo beekeepers. To obtain the current compensation va			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. If colonies require different adjustment amounts detail those separately. 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.										
by academic experts and beekeepers and are subject	et to the Minnesota Department of	Agriculture (Commissioner's a							
by academic experts and beekeepers and are subject Upward Adjustment #1	Upward Adjustmen									
				pproval. Jpward Adjustment #3						
Upward Adjustment #1	Upward Adjustmen		Number of 0	pproval. Jpward Adjustment #3						
Upward Adjustment #1 Number of Colonies: Value Sought Per Colony: \$	Upward Adjustmen Number of Colonies:		Number of 0	pproval. Jpward Adjustment #3 Colonies:						
Upward Adjustment #1 Number of Colonies:	Upward Adjustmen Number of Colonies:		Number of 0	pproval. Jpward Adjustment #3 Colonies:						
Upward Adjustment #1 Number of Colonies: Value Sought Per Colony: \$ Reason(s) for upward adjustment	Upward Adjustmen Number of Colonies: Value Sought Per Colony: \$ Other		Number of 0	pproval. Jpward Adjustment #3 Colonies:						
Upward Adjustment #1 Number of Colonies: Value Sought Per Colony: \$ Reason(s) for upward adjustment Breeder Queen(s) Killed	Upward Adjustmen Number of Colonies: Value Sought Per Colony: \$ Other ort the upward adjustment(s).	t #2	Number of (Value Sough	pproval. Jpward Adjustment #3 Colonies: ht Per Colony: \$						
Upward Adjustment #1 Number of Colonies: Value Sought Per Colony: \$ Reason(s) for upward adjustment Breeder Queen(s) Killed Submit written justification and or receipts to support of the colonies in th	Upward Adjustmen Number of Colonies: Value Sought Per Colony: \$ Other ort the upward adjustment(s).	t #2	Number of (Value Sough	pproval. Jpward Adjustment #3 Colonies: ht Per Colony: \$						

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. The beekeeper was registered with Minnesota DriftWatch at the time the loss occurred.			CLAIM DENIED, BECAUSE								
Number of colonies in apiary:			Number of colonies affected in apiary:								
Description of affected colonies:				Trainber of colonies affected in apiary.							
Section A:	Determination of Loss a	nd Com	npensatio	n Amo	unt to	be	Award	ed at the l	- Fair Ma	arket Value	
Numl	Number of Colonies to be			Market Value Total							
		х	\$				=	\$			
	Determination of Loss a Ipward Adjustment(s)	nd Com	npensatio	n Amo	unt to	be .	Award	ed at Revi	ewed		
Upward Adjustment #	Number of Colonies to be Re	placed at U	pward Adjust	tment			Reviewed Adjus			Total	
1					Х	\$			х	\$	
2					Х	\$			Х	\$	
3					Х	\$			х	\$	
		+				=					
	Section A Total		Sectio	n B Total(s		_	С	aim Total			
Vendor #:			Vendor Location:								
PO#:				Number of colonies in apiary:							
Claim Total: \$]							
Less Insurance: \$											
Final Claim Reimb	ursement Total: \$			1							
				1							
Authorizing Signat	ture	- <u>-</u>	Date								