

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

Minn. Stat. 18B.005

## 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](http://www.beecheck.org)) before the bee kill incident occurred to be eligible for compensation. There is a \$100 minimum, \$10,000 maximum, claim per incident and a \$20,000 maximum claim per beekeeper per fiscal year. Final determination of eligibility for compensation will be made by the Minnesota Department of Agriculture (MDA). Return a completed compensation claim form no later than three months from the date you received notice of the MDA's determination of whether the death of bees or loss of bee colonies was caused by acute pesticide poisoning. Please return this form to the MDA's physical or email address listed below.

**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](mailto: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 the MDA's Bee Kill web page or call 651-201-6237.		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.		
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 an 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. 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:

### 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		Fair Market Value		Total
	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		Reviewed Upward Adjustment		Total
1		X	\$	X	\$
2		X	\$	X	\$
3		X	\$	X	\$

$$\begin{array}{c} \text{Section A Total} \end{array} + \begin{array}{c} \text{Section B Total(s)} \end{array} = \begin{array}{c} \text{Claim Total} \end{array}$$

Vendor #:	Vendor Location:
PO#:	Number of colonies in apiary:

Claim Total: \$

Less Insurance: \$

Final Claim Reimbursement Total: \$

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date