

Note – This form is to be used only by Beekeepers for damage to Honey Bee Colonies.

Section 1 – Identification

Name of Valuer

Last Name

First Name

Bee Yard location (where the damage occurred)

Lot No.

Concession No.

County/Region/District

Municipality

Vendor Number (to be completed by OMAFRA)

Section 2 – Owner/Business Information

Beekeeper – Contact Information

Owner Last Name

Owner First Name

Social Insurance No. (SIN) or Business No. (BN)

Mailing Address

Unit No.

Street No.

Street Name

Rural Route

PO Box

City/Town

Province

Postal Code

Email Address

Telephone No.

Fax No.

Section 3 – Description of Bee Colony Hive and Equipment Damage

Damage/Destruction Date (yyyy/mm/dd)

Description of Damage Sustained – Attach photographs (3-6) of the damage to indicate attack site and colony damage and other pertinent evidence.

Section 4 – Description of Predator

Description – Species

Description of the supporting evidence.

Section 5 – Valuation

No. of Hives Damaged (including supers, boxes and equipment)	Value of Hives and Equipment Damaged	No. of Bee Colonies Damaged	Value of Bee Colonies Damaged	Total Value of Hives and Bee Colonies Damaged	Less Amount to be Claimed by Insurance	Compensation Applied For *
Total Compensation Applied For (\$)						

* Total Compensation for each hive and/or bee colony applied for must not exceed the program limit (% coverage and maximum for hives and colonies).

Section 6 – Reasonable Care

Risk Assessment

Current Regional Predation Risk is

High Medium Low

Regional Risk of Predation is

Increasing Stable Decreasing

Predation in this Bee Yard is

1st incident 1 claim/year 2 claims/year 3 or greater claims/year

Most Recent Predation Date(s) (yyyy/mm/dd)

Describe actions taken by owner to decrease likelihood of predation since last claim.

Farm Management

Health condition of the bee colonies

Healthy Diseased Sick

Location where the kill/injury occurred

Barnyard Pasture-Near Buildings Pasture-Distant

Total No. of bee yards managed

Forested Area Near Dwelling

Other (specify)

Total No. of active hives (in this yard)

Condition and General Maintenance of the Hives and Equipment

Bee yard inspection frequency – How often, by whom?

Waste Disposal Practices

Collected Buried Composted

Other (specify)

Fencing Description – Type/Condition

Type of Guard Animals Used (if any)

Other Predator Prevention Practices Used

Owner will implement the following practices to prevent/reduce future predation

Valuer Finding – I have found that the owner:

Had taken reasonable measures to prevent predation

Had **not** taken reasonable measures to prevent predation

Section 7 – Program Compliance Verification

Farm Business Registration (FBR) No. _____
OR

- Farm Business Registration (FBR) No. Alternate
- An OMAFRA Gross Farm Income Exemption Certificate for New/Retired Farmers that do not currently qualify to obtain an FBR number,
 - A confirmation letter is provided from the Indian Agricultural Program of Ontario (IAPO) for premises situated on First Nations Land, or
 - A Religious Exemption approved by the Agriculture Food and Rural Affairs Appeal Tribunal.

Explanation (supporting verification must be supplied)

Premises ID No. _____
OR

- Premises ID No. Alternate
- A confirmation letter is provided from the Indian Agricultural Program of Ontario (IAPO) for premises situated on First Nations Land, or
 - A Beekeeper ID No. for those registered under the Beekeeper Act and premises ID No. is not available.

Explanation (supporting verification must be supplied)

Section 8 – Valuer Declaration and Signature

I have found sufficient evidence, to the best of my knowledge and belief, that the bee colony in question has been damaged by a predator within the requirements of the Ontario Wildlife Damage Compensation Program and the owner is eligible for the amount of compensation indicated above.

OR

- There was insufficient evidence to make a finding
- Damage caused by natural causes, sickness or disease
- Scavenged only – damage not resulting from predation
- Damage was caused by a non-eligible predator
- Other reason claim is declined (specify)

I hereby certify that the information I have provided in this Application Form is true and accurate to the best of my knowledge. I also understand that submitting false or misleading information in this Application Form could result in the denial of the claim.

Valuer Mailing Address

Unit No.	Street No.	Street Name	Rural Route	PO Box
City/Town			Province	Postal Code
Email Address			Telephone No.	Fax No.

Valuer Signature

Valuer Last Name (Print)	Valuer First Name (Print)		
Position	Signature	Valuation Date (yyyy/mm/dd)	

Section 9 – Notice of Collection of Personal Information

Any personal information collected on this form, such as the Social Insurance Number of an individual acting as a sole proprietor or as an unincorporated partner in a partnership, is necessary for income tax purposes because a payment is being made as well as for the overall administration of the Ontario Wildlife Damage Compensation Program. More specifically, the Social Insurance Number will also be used for auditing and the collection of any debts incurred under the Ontario Wildlife Damage Compensation Program. The Social Insurance Number is being collected pursuant to the *Income Tax Act* (Canada), as amended and the Order-in-Council that established the Ontario Wildlife Damage Compensation Program.

Questions as to the collection of this information may be directed to:

Ontario Ministry of Agriculture, Food and Rural Affairs

1 Stone Road West

Guelph, Ontario N1G 4Y2

Tel: 519 826-4047 or 1 877 424-1300 (toll free)

Email: ag.info.omafra@ontario.ca

Section 10 – Beekeeper Declaration and Signature

- I hereby certify that the information I have provided in this Application Form is true and accurate to the best of my knowledge. I also understand that submitting false or misleading information in this Application Form could result in the denial of this claim and any potential future claims that could be made by myself, myself on behalf of another person or any other person affiliated with myself in any type of business relationship in which this claim is being made may have under the Ontario Wildlife Damage Compensation Program and/or a requirement that any compensation received under the Ontario Wildlife Damage Compensation Program as a result of the submission of false or misleading information be repaid.
-

Owner Signature

Owner Last Name (Print)

Owner First Name (Print)

Signature

Date (yyyy/mm/dd)

Completed applications and all supporting documents should be submitted to the Ontario Ministry of Agriculture, Food and Rural Affairs.