

Bee-Pollinated Blueberry Crop Loss Claim Form

Claimant Name

Farm Name

Contact Information

Date of Claim

Farm Location

Total Blueberry Acreage

Affected Acreage

Date Crop Loss Occurred

Description of Loss (due to bee pollination issues)

Estimated Loss (yield, % or amount)

Supporting Evidence (e.g. photos, reports)

Bee Pollination Details (bee species, hive count, provider etc.)

Additional Comments