
APPENDIX E: Grower pollination contract

This agreement is made between _____, and Koppert Biological Systems Inc.

I. TERM OF AGREEMENT. The term of this agreement shall be for the 2007 growing season.

2. RESPONSIBILITIES OF KOPPERT BIOLOGICAL SYSTEMS:

Koppert shall supply the grower with hives (colonies) of bumble bees to be delivered to the following address:

Introduction week: _____

b. Koppert provides colonies of the following minimum standards:

- Disease-free colonies evidenced by Michigan Department of Agriculture certification.
- QUAD containing 4 individual hives. Minimum of 1000 bees per QUAD.

Koppert agrees to open and demonstrate the strength of colonies randomly selected by the grower.

3. RESPONSIBILITIES FOR THE GROWER:

1. To obtain a permit from CDFA for the use of *Bombus impatiens* bumble bees.
2. To place each individual QUAD within 3 ft. of a tall structure or tree.
3. To utilize the 'bee home system' as explained in the directions for use to collect all bees back into the QUAD after the 5th week of pollination or prior.
4. To dispose of the QUAD and all its content (bees) by drowning, burning or freezing after the 5th week of pollination or prior.
5. To contact Koppert with the dates and quantities of QUAD disposed after use.
6. To exclusively use the QUAD south of the San Fransisco – Reno line (39° latitude).

Koppert can only provide bees between the dates of January 1st and May 31st any QUAD use needs to be planned between those dates.

The grower agrees to pay for _____ QUAD or _____ colonies of bees at the rate of \$_____ per QUAD or \$_____ per colony.

- A 15% deposit is due upon order confirmation by Koppert.
- Total remaining payment terms are 30 days net; with a credit of 2% on all payments received by close of business on the second day after receipt of invoice.
- Prices ex-warehouse Romulus, MI., shipping cost will be invoiced at cost as a separate line item on the invoices.
- Koppert will be responsible for shipping unless agreed otherwise.
- All complaints or remarks need to be reported to Koppert Biological Systems within 48 hrs. of receipt of the hives.
- All taxes are extra where applicable.

For Koppert Biological Systems, _____ Signed for _____

Koppert Biological Systems, Inc.
Tel: 1 734 641-3763 or Fax: 1 734 641-3793