



# Zimmer Air Services Inc.

9706 Burk Line, Blenheim, ON N0P 1A0

800-665-5485.1  
[www.zimmerair.com](http://www.zimmerair.com)

519-676-9550  
(fax) 519-676-9552

## COMMERCIAL CONTRACT FOR SERVICES

*2021 Aerial Application of B.t. (Bacillus Thuringiensis) for control of GYPSY MOTH*

THIS CONTRACT made between:

Name of property owner (Please print):

Mailing Address:

Telephone/fax:

Email:

\_\_\_\_\_

(herein called the "Customer")

- and -

Zimmer Air Services Inc.  
(herein called the "Contractor")

**Property to be Sprayed**

Address:

911 address (street or road name and house number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acreage: \_\_\_\_\_

**VERY IMPORTANT!!!! Please list the Tax Roll #'s of the parcels you wish treated.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the name and telephone # of someone who Zimmer Air Services can contact if needed in the event you cannot be contacted.

\_\_\_\_\_

**IMPORTANT**

**Map:** The Customer will provide to the Contractor, an aerial photo/hand drawn map/GIS shapefile/GPS coordinates, google image (or any combination thereof) which clearly identifies the property location and property boundaries to be treated. Any sensitive areas should be clearly marked and noted.

**Spray Waiver** - If any residential properties abut yours you may need to ask your neighbour to sign a Spray Waiver (see attached), or they may choose to participate in the program. If the Spray Waiver is not signed by your neighbor, Zimmer Air Services may decline to enter into a contract to spray your property or leave a 20 meter buffer zone inside your property line....whichever is appropriate.

**Signs** – No signage is required to be posted on agricultural lands in accordance with Regulation 63/09 of the Pesticide Act of Ontario. Prior to the start of the program, pesticide use signs will be posted on residential properties only, and will remain for a minimum of 48 hours following completion of the application.

**AGREEMENT**

The fee schedule applicable to this program is as follows:

Rates for contracts received by April 15<sup>th</sup>:

The Customer agrees to hire the Contractor to carry out an aerial application spray program at a single application rate of [redacted]/acre, [redacted]/acre x 2 applications) minimum charge of [redacted] (plus HST).

Contracts received after April 15<sup>th</sup>:

There are no additional per acre costs for the program providing sufficient Foray 48B has been procured and the spray window timing is within reason. There is however no guarantee of your inclusion in the program. Additional shipping and mobilization charges may apply should additional Foray 48B need to be shipped in and/or special mobilization to carry out your property is required.

1. The Contractor agrees to apply “2” application(s) of Foray 48B PCP # 24977 to the properties at the maximum rate of 1.6 litres per acre (4.0 L/Ha) having a potency of 12.7 BIU’s per litre at the optimum time to provide the best larvae control.
2. The contractor will commence spraying shortly after caterpillar hatch, and 30 to 40% leaf out of the host trees. A second will follow approximately 5 to 7 days after the initial application.
3. The contractor reserves the right to decline spraying on any property that cannot be accomplished safely, effectively or within existing legislation. Under these circumstances, full payments will be returned.

**Note: If road closures and a Transport Canada Ministerial Authorization is required to accomplish this program in a “Built Up Area”, (municipality), additional charges will be applicable at cost.**

Please sign and date as follows:

\_\_\_\_\_  
Customers Signature

\_\_\_\_\_  
Signed on (date)

Payments will be deposited following completion of the first spray application.

Please send **ENTIRE** payment with this completed contract.

Payment Option 1: Cheque dated May 15, 2021 payable to Zimmer Air Services.

Payment Option 2: VISA and MASTERCARD are also accepted up to \$2,000.

Invoice marked paid will be forward to you via this email: \_\_\_\_\_

Or by mail if no email address is provided.

VISA CARD # \_\_\_\_\_

MASTERCARD # \_\_\_\_\_

CARD EXPIRY DATE: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

SIGNATURE OF CARD HOLDER x \_\_\_\_\_