



## ATTACHMENT TO AGREEMENT TO CONSOLIDATE\*

### ADJUDICATION TO BE CONSOLIDATED

Please complete the following for each of the adjudications to be consolidated.

**Adjudication Case Number:** \_\_\_\_\_

**Disputed Amount:** \_\_\_\_\_

- The Claimant and Respondent consent to consolidate the adjudication with all the other adjudications listed in the Agreement to Consolidate.
- The Claimant consents to share the original Notice of Adjudication with the parties of the consolidated adjudication.
- The Respondent consents to share the Response to Notice of Consolidation with the parties of the consolidated adjudication.
- The Claimant will notify the original Adjudicator, if any, of the consolidation, within two Days of this Agreement to Consolidate being signed by all Parties.
- The Claimant and Respondent consent to pay the original Adjudicator’s fee in accordance with s. 13.10 of the *Construction Act* and s. 32(4) of *Ontario Regulation 264/25*.
- The Claimant and Respondent acknowledge that this adjudication can only be consolidated with the consent of all the Parties to each original adjudication listed in this Agreement to Consolidate.
- The Claimant and Respondent have read and agree with the statements on pages 2 and 3 of the Agreement to Consolidate

\_\_\_\_\_  
Signature of Claimant

I have authority to bind the Claimant  
(if the Claimant is an organization)

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
Position of Person Signing

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent

I have authority to bind the Respondent  
(if the Respondent is an organization)

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
Position of Person Signing

\_\_\_\_\_  
Date