

## ATTACHMENT TO AGREEMENT TO CONSOLIDATE\*

### ADJUDICATION TO BE CONSOLIDATED

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

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

**Dispute Amount:** \_\_\_\_\_

**Location of Dispute (City/Town and Province):** \_\_\_\_\_

- 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 Adjudication with the Parties of the consolidated adjudication.
- The Claimant will notify the original Adjudicator, if any, of the consolidation and 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. 20 of the *Federal Prompt Payment for Construction Work Act*, S.C. 2019, c. 29, s. 387.
- The Claimant and Respondent acknowledge that this adjudication is being 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 a corporation)

\_\_\_\_\_  
Signature of Respondent  
I have authority to bind the Respondent  
(if the Respondent is a corporation)

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date