



FORM H
JOINT STATEMENT FOR NEUTRAL EVALUATION AT THE
COMMISSION
(FAX-BACK FORM)

THIS FORM MUST BE COMPLETED BY BOTH PARTIES AND RETURNED TO THE DISPUTE RESOLUTION GROUP, ARBITRATION UNIT, OF THE FINANCIAL SERVICES COMMISSION OF ONTARIO (THE COMMISSION) **WITHIN 30 DAYS** OF THE DATE OF THE **NOTICE OF APPOINTMENT OF A NEUTRAL EVALUATOR** RECEIVED FROM THE DIRECTOR.

TO: _____ **Arbitration Fax: (416) 590-8462**
(Name of the Commission Case Administrator)

RE: NAME OF CASE _____

COMMISSION FILE No. - A _____

We hereby certify that all documents listed in the **Report of Mediator** and all other documents necessary for an evaluation of the issues in dispute have been exchanged by the parties.

Listed below are the issues remaining in dispute that are to be submitted to the neutral evaluator.
(Add more pages if required)

1. _____
2. _____
3. _____

The parties agree they are available on the following dates (**within 60 days** of the date of the **Notice of Appointment of a Neutral Evaluator**) for a half day evaluation:

Date:

1. _____ a.m.____ p.m.____
2. _____ a.m.____ p.m.____

SIGNATURES:	
Applicant or Applicant's Representative	Insurer or Insurer's Representative
Date	Date