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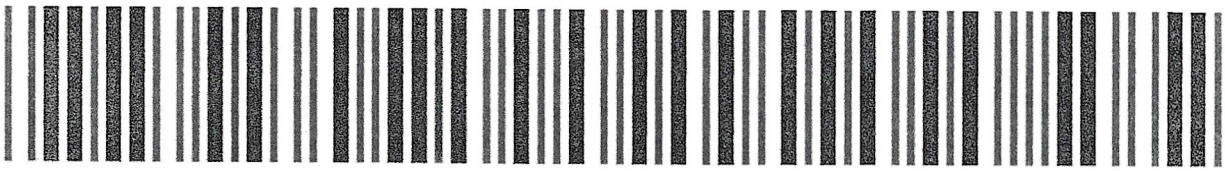
STATE OF CALIFORNIA
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET



Is this a new case? Yes [ ] No [X] Companion Cases Exist [X] Walkthrough Yes [ ] No [ ]

More than 15 Companion Cases [ ]

06/04/2026
Date:(MM/DD/YYYY)

SSN: xxx-xx-7414

[X] Specific Injury

ADJ2940450
Case Number 1

[ ] Cumulative Injury

08/28/1996
(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 300

Body Part 2: 320

Body Part 3: 340

Body Part 4: 842

Other Body Parts: 500

Please check unit to be filed on (check only one box)

[X] ADJ [ ] DEU [ ] SIF [ ] UEF [ ] SAU [ ] INT [ ] RSU

Companion Cases

[X] Specific Injury

EC015235
Case Number 2

[ ] Cumulative Injury

08/28/2026
(Start Date: MM/DD/YYYY)

11/09/1998
(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 300

Body Part 2: 320

Body Part 3: 340

Body Part 4: 842

Other Body Parts: 500

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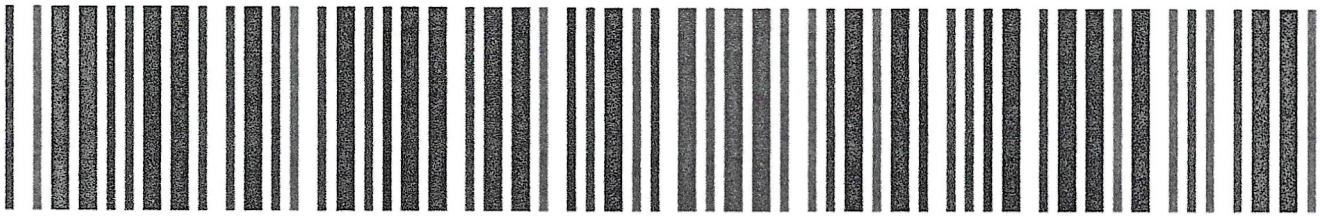

Product Delivery Unit: ADJ

Document Type: LEGAL DOCS

Document Title: DECLARATION OF READINESS TO PROCEED

Document Date: 06/04/2026
MM/DD/YYYY

Author: RICK HOLLIFIELD

Office Use Only

Received Date:
MM/DD/YYYY

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STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
DECLARATION OF READINESS TO PROCEED

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration.

ADJ2940450
Case No.

Applicant

RICK
First Name

MI

HOLLIFIELD
Last Name

VS

Employer Information

KVAAS CONSTRUCTION COMPANY, MWWD, ARGONAUT INSURANCE COMPANY
Employer Name (Please leave blank spaces between numbers, names or words)

501 SEVENTH AVE, 7TH FLOOR
Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

NEW YORK
City

NY
State

10018
Zip Code

Declarants: Please designate your role (Please Select Only One)

[ ] Employee [X] Applicant [ ] Defendant [ ] Lien Claimant

Declarant requests: (Please Select Only One)

[X] Mandatory Settlement Conference [ ] Status Conference [ ] Rating MSC* [ ] Priority Conference
[ ] Lien Conference

At the present time the principal issues are: (Check all that apply)

[ ] Compensation Rate [ ] Rehabilitation/SJDB [X] Temporary Disability [X] Self-Procured Medical Treatment
[X] Permanent Disability [ ] Future Medical Treatment [ ] AOE/COE [X] Discovery
[ ] Employment [X] Other SANCTIONS / COST AND PENALTIES

Declarant relies on the report(s) of:

Doctors (s) DR. RICHARD M. BRAUN AND DR. REID ABRAMS date 12/09/1998 & 03/11/1999
MM/DD/YYYY

*For a Rating MSC, all ratable medical reports, including treating physician, QME and AME reports, must be filed with this Declaration of Readiness, unless they have been previously filed. A Rating MSC will be set only where the issues are limited to permanent disability and the need for future medical treatment.

Declarant states under penalty perjury that he or she is presently ready to proceed to hearing on the issues below and has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed below:

1. IN AUGUST OF 2025, I DISCOVERED MY WCAB CASE WAS STILL OPEN AND UNRESOLVED

2. 03/09/2026, I SENT ARGO GROUP (A.K.A. ARGONAUT), A GOOD FAITH LETTER OF INTENT

3. 03/23/2026, STARTED COMMUNICATIONS WITH JON GOWER, ATTORNEY FOR ARGO GROUP

4. SERVED ARGO GROUP AND JON GOWER A SUBPOENA DUCES TECUM FOR PRODUCTION OF RECORDS.

Unless a status or priority conference is requested, I have completed discovery on the issues listed above, and that all medical reports in my possession or control have been filed and served as required by the rules promulgated by the Court Administrator.

Copies of this Declaration have been served this date as shown on the attached proof of service.

Declarant's Signature Rick Hollifield

RICK HOLLIFIELD, IN PRO PER

Name of declarant or name of the law firm of the declarant (Print or Type)

313 QUAIL RIDGE ROAD, JACKSONVILLE, NORTH CAROLINA 28546

Address (Please leave blank spaces between numbers, names or words)

(252) 734-2663

Phone Number

Date 06/04/2026

MM/DD/YYYY

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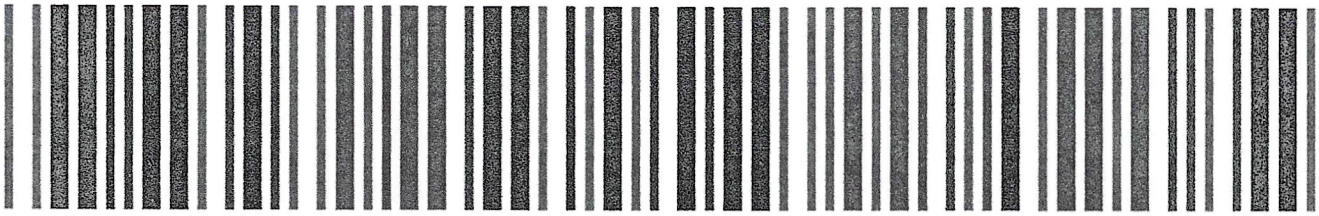

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Document Date: 06/04/2026
MM/DD/YYYY

Author: RICK HOLLIFIELD

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Received Date:
MM/DD/YYYY

Proof of Service by Mail

I declare that:

I am (resident of / employed in) the county of ONSLOW, NORTH CAROLINA, ~~California~~.

I am over the age of eighteen years, my (business / residence) address is:

313 QUAIL RIDGE ROAD, JACKSONVILLE, NC 28546

On 06/04/2026, I served the attached DECLARATION OF READINESS TO PROCEED on the parties listed below in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at JACKSONVILLE, NC addressed as follows:

WORKERS' COMPENSATATION APPEALS BOARD
7575 METROPOLITAN DRIVE, SUITE 202, SAN DIEGO, CA 92108-4424

CLEARBROOK GROUP HOLDINGS INC. (a.k.a. ARGO GROUP)
501 SEVENTH AVE, 7TH FLOOR, NEW YORK, NY 10018
RE: CLAIM NUMBER: 62X103499, WCAB CASE: ADJ 2940450

JON GOWER
MISA STEFEN KOLLER WARD, LLP
13950 MILTON AVENUE, SUITE 200 A, WESTMINISTER, CA 92683

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) 06/04/2026, at JACKSONVILLE, NORTH CAROLINA, ~~California~~.

Type or print name JENNIFER GONZALES

Signature J Gonzales