



DREAM TEAM REALTY, INC
17419 BROADWAY AVE
MAPLE HEIGHTS, OH 44137

Renewal Engagement Agreement

RE: Smith, Brian,

Esurance Claim Number: #250254318

I/We, the undersigned, hereby formally authorize and agree to engage **DreamTeam Realty, Inc.** to assist in locating and securing a suitable dwelling for our temporary residence.

By signing below, the **landlord/owner** of the temporary dwelling also acknowledges and agrees to this compensation fee being paid directly to **DreamTeam Realty, Inc.** as part of this arrangement.

Tenant Acknowledgment

I do understand my policy allows me to select the vendor provider for any services I need; including relocation services/temporary housing.

Lessor Acknowledgment

I agree to allow the lessee to immediately occupy my property with or without a security deposit. We further agree to potentially allow occupancy and wait for the Lessee's insurer to send payment. With the full understanding that lessee shall be ultimately responsible for all monies due.

Realtor/Broker Service Provider Acknowledgement

As compensation for the services rendered in securing this temporary dwelling, **DreamTeam Realty, Inc.** shall receive an amount equivalent to 50% of the first month's rent.

It is understood and agreed that these funds will be provided directly by the designated Insurance Company or other third party responsible for covering our living expenses for the specified duration. Real Estate Company shall do all in their power to fully assure/assist that we are fully compensated for all monies due.

This agreement is with the full understanding that the Lessee's insurance company policy does allow the policy holders to select us as a service provider, as a vendor of choice, for temporary housing. Extensions shall require a new fully executed lease and DreamTeam Realty, Inc. shall receive an amount equivalent to 50% of the first month's rent.

Tenant _____ Date _____

Name: **Smith, Brian**

Mailing Address: **831 Gertrude Place NW, Atlanta, GA 30318**

Claim Number: **#250254318**

Insurance Company: **Esurance**

Lessor _____ Date _____

Name: **Sophia Crawford**

Leased Property: **5507 Cascade Hills Loop SW, Atlanta , GA 30331**

Realtor _____ Date _____

Name: **DREAM TEAM REALTY, INC**

Mailing Address: **17419 BROADWAY AVE, MAPLE HEIGHTS OH 44137**